

# INTESTINAL IRRIGATION

*By*

ALCINOUS B. JAMISON, M.D.



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*Hargrave*

5<sup>TH</sup> AVE. & 37<sup>TH</sup> ST.  
NEW YORK.

# INTESTINAL IRRIGATION

OR

WHY, HOW, AND WHEN TO  
FLUSH THE COLON

TREATED IN CONNECTION WITH OTHER MATTERS  
OF PHYSIOLOGICAL INTEREST AND  
IMPORTANCE

BY

ALCINOUS B. JAMISON, M.D.

AUTHOR OF "INTESTINAL ILLS," "HOW TO BECOME  
STRONG," ETC.

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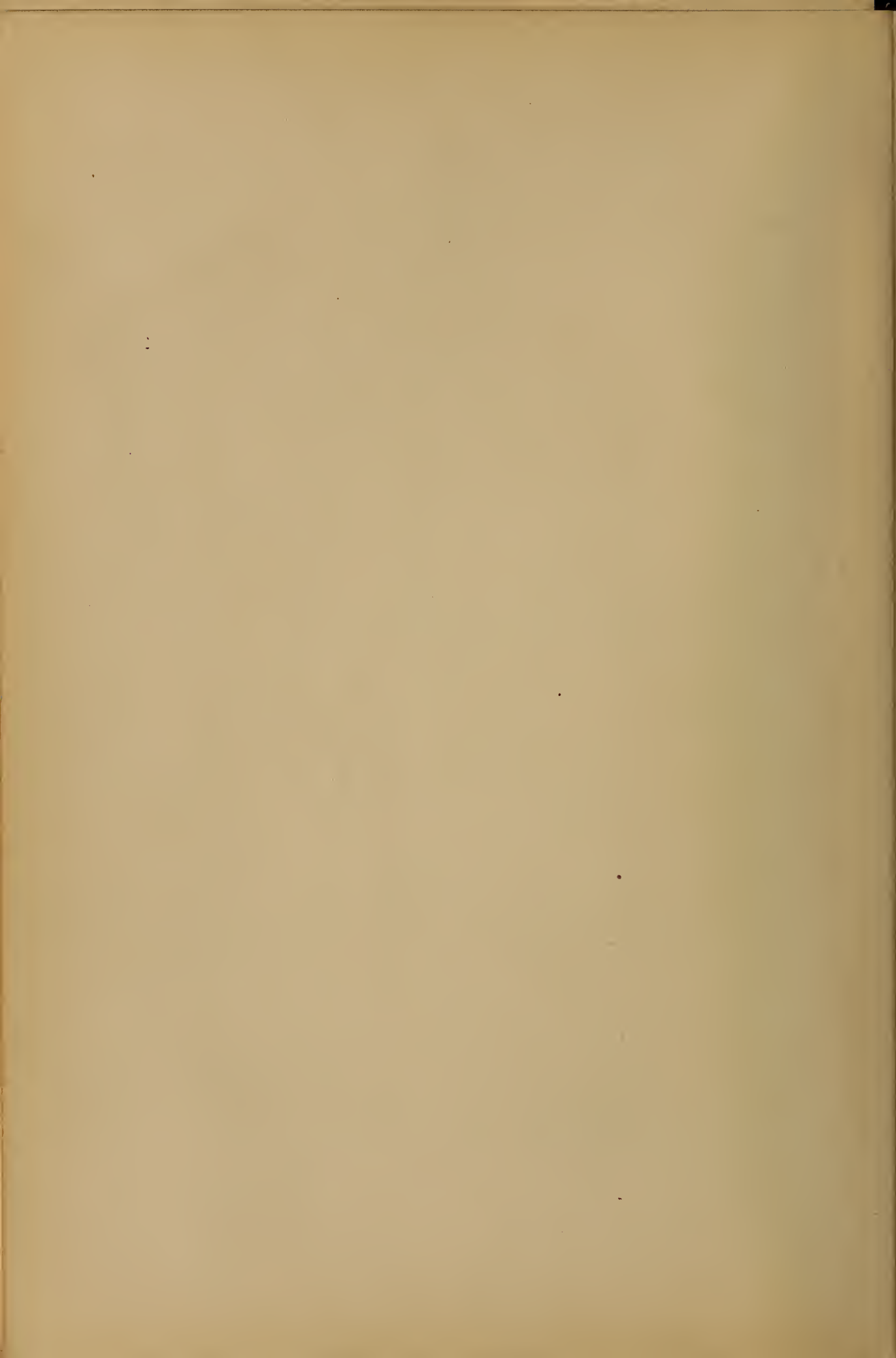
Figure 1 consists of four scatter plots arranged in a 2x2 grid, labeled (a) through (d). Each plot has 'Number of children in the household' on the X-axis and 'Number of children in the neighborhood' on the Y-axis, both ranging from 0 to 10. The plots illustrate different levels of correlation: (a) shows a moderate positive correlation with scattered points; (b) shows a stronger positive correlation with points more tightly clustered around a diagonal line; (c) shows a very strong positive correlation with points very close to a diagonal line; and (d) shows a perfect positive correlation where all points lie exactly on a diagonal line from (0,0) to (10,10).

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“Even from the Body’s Purity, the Mind  
Receives a secret sympathetic aid.”

—*Thomson.*



## PREFACE.

WITHIN the last two decades the diagnosis and treatment of bowel troubles have been greatly changed through improved instruments, technique, hygienic measures, and various remedial agents.

The domain of surgery of the anus, rectum, etc., has been surprisingly limited, and that of gastrointestinal hygiene enlarged, together with knowledge of man's assimilative and eliminative organs. Systemic and local hygiene has supplanted drugs and surgery in the treatment of diseases of the anus, rectum, sigmoid flexure, and vermiform appendix. Indeed, the domain of surgery will be restricted to what are still considered incurable diseases if the suggestions of this volume are widely adopted. From a clinical experience extending over a period of twenty-three years, however,—as a specialist in diseases of the anus, rectum, and intestinal machinery generally,—the author feels warranted in maintaining that, if hygio-therapeutic measures were taken by both physicians and laymen, surgical clinics and hospitals

## Preface

for "operating" on anal and rectal diseases and the administering of countless medicinal remedies would enter the stage of therapeutic oblivion.

The present work is more comprehensive in its scope than its title, *Intestinal Irrigation*, would at first thought seem to indicate. It is a practical book on home relief for all the symptoms of that form of internal inflammation known as proctitis and colitis. The measures that may safely be taken by the victim himself, without consulting a physician, are minutely explained; and, that he may understand his own case, every chapter goes more or less extensively into anatomical, physiological, and pathological details.

The author has kept abreast of the advancement of science in relation to his special branch of the healing art, and as the outcome of his large daily experience in this line he feels qualified to speak with authority. Victims of any of the symptoms described in this book may therefore have confidence in its statements. It conveys a message of common sense to the world at large and to the victims of intestinal ills in particular. It is a compilation of clinical talks to the author's patients, making plain a variety of symptoms arising from a single primary cause.

As the purpose of the book is pre-eminently

## Preface

practical, the author felt warranted in describing minutely his own clinics, so far as any patient could apply the results to his individual needs. This, therefore, is the author's excuse for introducing his own appliances and describing their features and uses. Certain work must be done by the sufferer himself, and no other invention in the market will aid him so materially in doing this work scientifically and efficiently.

Furthermore, it was found impossible for the author to describe what he himself was doing as a rectal specialist, or to direct sufferers on the road to relief, unless he stated how certain appliances should be employed. In the following pages, consequently, the reader will learn just what to do, for the work is above all things simple and direct, and in the writer's judgment has the sterling quality of common sense.

Some of the chapters have already appeared, in abridged form, in the magazine *Health*, as contributed essays; but the text has been elaborated in the following pages and much new matter added, in order that the work should present the most mature information concerning the subjects discussed.

A. B. J.

NEW YORK, May 20, 1903.



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# INTESTINAL IRRIGATION.

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## CHAPTER I.

### EFFORTS TO OVERCOME CONSTIPATION WITHOUT SEEKING ITS CAUSE.

IN the year 1496 an Italian, Gatenaria, invented an appliance for taking an enema; since that time depuratory instruments have had more or less vogue in all civilized countries. Of late years inventive powers have been taxed to construct more convenient and effective appliances, and now perfection has been almost reached, and the poor civilizee, whose habits are really very bad from the savage point of view, may enjoy the delicious privilege of an internal bath whenever he feels the need of it. By any other name this bath is just as purifying: call it irrigation, injection, lavement, clyster, enema—its many names and what they mean testify to the fact that it is for the disease of civilization.

The medical profession is really behind the layman in genuine therapeutic measures. It still cares more for the pill-and-powder-prescription-earning fee than for the real health of the patient. When

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it shall wean itself from its sordid commercialism, it will make the use of the enema a fundamental factor in most forms of therapeutic treatment, and then the enema will become universal.

From the origin of the enema to the present day, the layman has not been unmindful of this valuable resource for removing morbid matter from his physiological sewer. The great relief he thus obtained, and the invariably good results that followed its use, established as a necessary toilet article some form of depuratory apparatus in many homes for all time to come.

But of the nature of the disease that had occasioned its use, both layman and physician were, and for the most part are, ignorant. Local obstruction and discomfort were sufficient to suggest this mode of relief; yet no truly scientific inquiry seems to have been instituted to discover the cause of the obstruction. The author, during an experience of over twenty-three years as a specialist in diseases of the bowels, rectum, and anus, has found the true cause, namely, PROCTITIS; that is, the chronic inflammation (dating often from infancy and childhood) of the anus, rectum, and frequently of a portion of the sigmoid flexure and colon. Proctitis is practically the universal cause of chronic constipation. Victims of constipation have more or less haphazardly resorted to the enema as a ready means of relief—a recourse that was often, nay generally, against the advice of their medical counselor: a professional opposition that indicates either ig-

## Efforts to Overcome Constipation

norance, mistaken judgment, or fear of losing a profitable patient. But the layman has not been uniformly wise. He is an experimenter on his own hook — encouraged in his experiments by the most promising and seductive of advertisements in the whole gamut of advertising. He experimented on his organism, tinkering it now with cathartics or purgatives of multiform nature, and again with digestive and other agents. This tinkering habit seems to have become all but universal with civilized man. Constipation — which is caused by proctitis — will, of course, bring indigestion and biliousness and diarrhea and nervousness and headache and a host of other maladies in its train ; all of these induce the civilizee to increase his tinkering with his divine abode until it eventually falls in ruins. The tinkerer loses sight of the fact that his abode is not a body like the bodies of wood, stone, and iron that he handles and putters with daily ; he forgets or ignores the fact that it is a vital organic machine, which, when tinkered too much, will stop, “never to go again.” It is poor consolation when you have reached your last gasp, after a chronic invalidism, to feel that you have done the best you knew how. You have not sought the cause, nor, having learned it somehow, sought to remove or avoid it. For the last four hundred years this tinkering, this futile medication, has been kept up at a furious pace without even a hope of permanent cure. Poor, outraged human nature dimly knew that it was simply doctoring a symp-

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tom, a *consequence* of something or other—for that is all that constipation and its host of symptoms really are.

The writer is of the opinion that constipation is the fundamental disease that afflicts mankind; that, at all events, there are more cases of proctitis than of any other disease; that very few “civilized” persons are free from it; that so prevalent a disease must have a common origin, which he traces right back to babyhood, to the wearing of soiled diapers, a practice that cannot but result in inflammation of the buttocks and mucous membrane of the anus and rectum; and that this inflammation continues and finally becomes deepened and established, producing in after years chronic constipation and its train of evils. Of course, there are other causes that bring on proctitis among children and adults; but careful examination shows that the severity of the malady with its train indicates long duration in the tissues comprising the wall of the anal and rectal canals and the adjoining tissues of the bowels.

Proctitis, with its extension, colitis, is by no means a slight disease, as it is supposed to be by a few members of the medical fraternity who are beginning to apprehend its existence; on the contrary, it is so serious that its gravity cannot be impressed too forcibly upon both laymen and physicians. During the many years of special attention the writer has given to diseases of the anus, rectum, colon, etc., he has not ceased to wonder how it was possible that the victim of deep-seated proctitis could have



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so dreadful a disease and not be greatly alarmed at its ravages and dangers. The anatomy, physiology, and hygiene of the parts involved in this inflammation continue in some manner to permit the passage of excrement along the diseased canal ; and the victim continues to swallow drugs and tinker with these — his irreplaceable “inards.”<sup>1</sup>

It is not my purpose at present to go into a detailed description of the organs involved in this inflammatory process, but to make plain why the enema is superior to all other means of securing cleanliness. When we know why we do a thing, the task is not so difficult and annoying as when we go it blind or simply obey the behest of a physician. Ignorance has no business bothering with anything ; experience, however, is usually a painful if not a fatal instructor. The human race at large is ignorant concerning the normal and abnormal processes of its internal organs. “ Out of sight, out of mind ” seems to be the maxim of almost every one as to our vital organs and the conditions for their hygienic functioning. The purpose of the writer will be achieved if he succeed in sounding a note of warning that will be heard and heeded by those whose influence will extend the echoes till the world listens and learns the claims of the inner physiological economy.

Those that possess even a modicum of sense will

<sup>1</sup> For numerous illustrations of the various morbid conditions of the anus and rectum, see the author's 64-page booklet, entitled *How to Become Strong*.

## Intestinal Irrigation

easily understand how a muscular tube like the anus, rectum, sigmoid flexure, etc., when invaded and traversed for eight to ten or more inches by disease, will offer obstruction to the descent and escape of gases and feces. All are familiar with the contraction that occurs when a finger, hand, or limb is inflamed; how little we can then use the diseased part until all of the inflammation has left the muscular tissue. Why do we give so much attention to an inflamed external part and none at all to the all-important internal organ for the expulsion of the sewage of the body? The parts are not "weak" when contracted with inflammation: weakness is not what is the matter with them. The trouble is that the muscular fiber is then too active, made so by the excessive irritation of the local disorder. Irritation of muscular tissue always causes contraction of its fiber. Such contraction well accounts for constipation.

We are a nation of constipated people, so constipated indeed that we have developed dyspepsia and neurasthenia. As I have already stated, the chief ill of "civilized" people is proctitis; the chief symptom of proctitis is constipation; the chief symptom of constipation is dyspepsia; and the chief symptom of dyspepsia is neurasthenia, and so on and on—all of them the outcome of imperfect elimination of morbid matter from the intestinal canal.

The common sense learned in the treatment of external parts should be applied to such diseased portions of the body as the anus, rectum, etc.

## Efforts to Overcome Constipation

Common sense declares that an enema ought to be used on all occasions of undue retention of the contents of the bowels. It is the only sensible thing under the circumstances. Yet, for the last four hundred years, only independent men and women have had the courage to proclaim its merits, since the subject was under the ban of both laymen and physicians. Now that we have learned the absolute necessity of such a device, it is to be hoped that the taboo will be removed, and that the numerous victims of proctitis will be instructed in the wisdom of availing themselves of the valuable aid of the enema in either curing proctitis or preventing it from growing worse, while they are at the same time securing relief through its use by the removal of feces and gases several times daily, thus preventing the absorption of poison, which the retention of waste invariably facilitates.

## CHAPTER II.

### PATHOLOGY OF THE ANUS AND RECTUM ; OR, THE GENESIS OF CONSTIPATION.

WHEN an affliction is seemingly universal it is reasonable to conclude that it springs from universal conditions. Proctitis, the most widespread disease of civilized man, originates very early in life, and develops in after years numerous painful symptoms—such as piles or hemorrhoids, constipation, etc.

Now, what is the most common exciter of proctitis, which, as has been said, is an inflammation of the mucous membrane of the anus and rectum ? In my earlier work, *Intestinal Ills*, I have shown that inattention to the soiled diaper is generally the original cause of this most grievous of ills, with its train of malign consequences continuing throughout the victim's life on earth. Unnoticed by nurse or mother, the inflammation of the anus and rectum makes headway with each subsequent soiling ; and thereafter, when the use of the diaper is dispensed with, inattention to the normal action of the bowels, improper food, the resort to purgatives, stimulants, and opiates, play no small part in aggravating the existing malady.



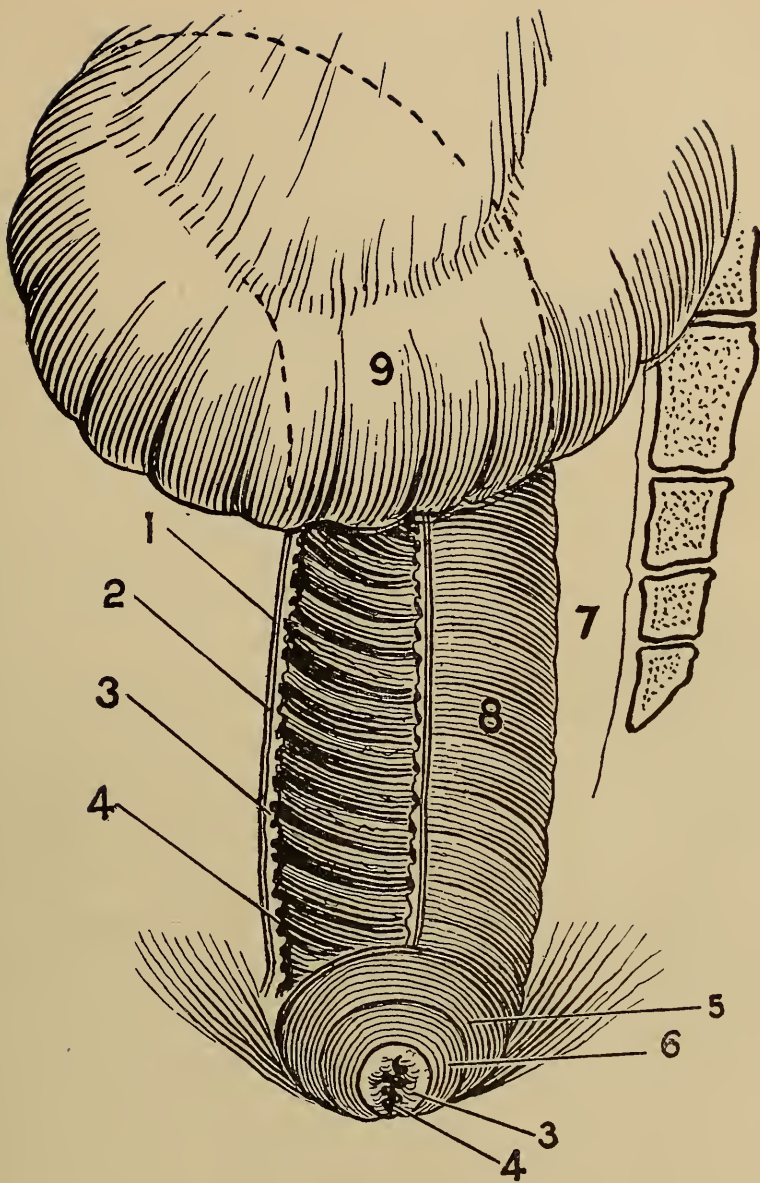


FIG. I.

A portion of the wall of the rectum has been removed exposing various layers : 1, serous layer ; 2, muscular layers ; 3, 3, submucous layers ; 4, 4, mucous membrane ; 5, internal sphincter muscle ; 6, external sphincter muscle ; 7, circular muscular bands forming the rectum ; 8, rectum ; 9, sigmoid flexure. (See Fig. 7, showing the longitudinal muscular bands.)

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The first care-taker of the infant is therefore responsible for the initial process, which progresses to a chronic condition by subsequent inattention. She is indeed solicitous over the inflamed buttocks of her charge, but overlooks the far more dangerous inflammation of the mucous membrane of the anus and rectum, or she does not realize its insidious and subtly progressive character. Candidates for motherhood should be instructed on this momentous subject.

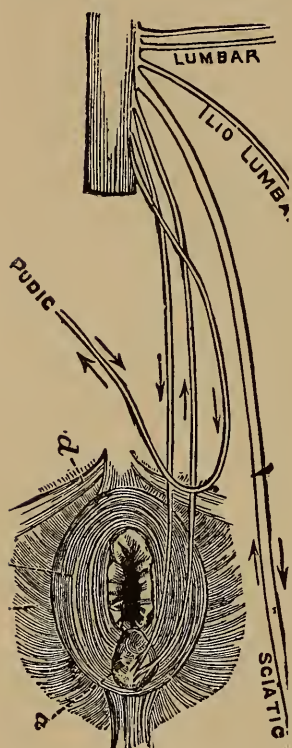


FIG. 2.

*a*, Ulcer on sphincter ani. *b*, Filaments of two nerves are exposed on the ulcer, the one a nerve of sensation, the other of motion, both attached to the spinal marrow, thus constituting an excito-motory apparatus. *c*, Levator ani. *d*, Transversus perinei. (Hilton.)

There are other exciting causes of proctitis, but, since they are exceptional when compared with the neglected diaper, we need not concern ourselves with them at present.

The muscular coat of the rectum consists of two layers: an inner circular and an outer longitudinal band. The inner circular layer of muscular tissue of the rectum forms the internal sphincter muscle; and the outer longitudinal bands merge with those of the external sphincter. The anal orifice is closed or guarded by two strong sphincter muscles, as shown in Figs. 1, 2, and 3.

## Pathology of the Anus and Rectum

These muscles are abundantly supplied with nerves, of which branches are distributed to the bladder and other adjacent organs, which accounts for the



FIG. 3.

*a*, Sacrum. *b*, Coccyx. *c*, Tuberosity of ischium. *d*, Posterior or larger sacro-sciatic ligament. *e*, Anterior or small sacro-sciatic ligament, with the pudic nerve passing over its posterior aspect, and proceeding to the rectum and penis. *f*, Sphincter ani receiving its nervous supply from the pudic nerve. Portions of the muscles have been cut away, in order to show nerve filaments going to the mucous membrane, through the muscular fibers. *g*, Levator ani. *h*, Fat and areolar tissue occupying the ischio-rectal fossa and covering the levator ani. *i*, Transverse muscles of perineum. *k*, Erector penis. *l*, Accelerator urinæ. *1*, Pudic nerve. *2*, Posterior sacral nerves proceeding to posterior part of the coccyx and to the sphincter ani. *3*, Anterior sacral nerve (4th) supplying the sphincter ani. (Hilton.)

sympathy of these organs and their grave disturbance when disease inheres in the anus and rectum.

The orifice used for the elimination of undigested food and waste matter plays quite as important a part in the organic economy as the orifice that is employed for receiving food. Normal elimination,

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physiological and psychological, is the correlative process to prehension (seizure or appropriation), and the concord of the two forms the key-note of the organism.

The muscles and tissues constituting the anal vent should be as flexible and responsive to the will or desire of the rectum for relief of its contents as the lips are in permitting the saliva to escape. In like manner the upper portion of the rectum (Figs. 6 and 8) should respond with instant readiness to the effort of the sigmoid flexure to expel its contents. But an abnormal condition like inflammation rooted in the anus and lower part of the rectum (Fig. 1, 4-4) will inhibit the passage of the pressing burden above them, which inhibition will cause the inflammation to extend to the sigmoid flexure, and thence on to the colon proper; and sooner or later the inflammation will penetrate the sub-mucous coat (Fig. 1, 3-3), which is composed of fatty or areolar connective tissue in which trunks of nerves and blood-vessels are imbedded.

The first symptom of inflammation is undue redness, followed by slight puffiness of the anal and rectal mucous membrane (Fig. 1, 4-4), with more or less sensitiveness of the tissues involved; and as its irritability increases there is more or less contraction of the muscular tissue forming the anus and rectum, which lessens the diameter of their bore. And the consequence of this contraction is of physiological concern to the victim, for in proportion to the contraction the normal demand of



## Pathology of the Anus and Rectum

the victim for relief of the impending feces and gas is modified and lessened.

In health, the anal canal is from two to three inches in length, and it will distend about two inches—an elasticity quite equal to that of any other orifice of the body. As the anal tissues are usually the first to be invaded by disease, it is but natural that the obstipation or constipation should occur right above it—namely, in the rectum. The average length of the rectum is about six inches, and when the disease invades its whole length the constipation occurs in the sigmoid flexure and may thence extend to the colon.

The filling of the intestine with feces and gases usually occurs just above the diseased portion of the gut; but at the same time the walls of the affected part of the canal are more or less coated with feces, and its abnormal pouches here and there contain more or less liquefied or dried feces. A diseased canal cannot expel all of its contents, since its normal expulsive power is gone. Some of the feces somehow or other gets down and out, but a larger portion inevitably remains. It is for this reason that a diseased intestine always reminds one of the Augean stable. It is simply marvelous that the human body continues as a living organism with so much filth and bacterial poison stored in its alimentary canal, and the vaults that result from abnormal pressure during periods of fecal impaction (Fig. 4).

When the inflammatory process extends up the

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rectum and at the same time into the spongy, fatty, or areolar tissue under the mucous membrane (Fig. 1, 3-3), thence to the muscular and serous layers (Fig. 1, 2-1), or through the four layers of tissue comprising its wall, we have a more marked and serious occlusion (closing) of the organ than when only the mucous membrane was affected. When muscular tissue is inflamed, its tendency is to contract and become solidified by an adhesive inflammatory product secreted between the circular and longitudinal muscular fibres (Fig. 1, 7, and Fig. 7). Often the circular or sphincter muscles forming the anal canal have to be distended to bring about a more normal vent. The same pathological conditions that occasion contraction of the anal bore or caliber occur, more or less, as far up the gut as the disease has advanced.

In a normal state of the lower bowel the sigmoid flexure passes its contents into the rectum, and the desire to defecate is reported—that is, the impulse to stool becomes more or less urgent until it is performed. But when all four coats of the anus and rectum are diseased, with perhaps a portion of the sigmoid flexure also, it is very difficult for the healthy portion of the sigmoid flexure and the colon to discharge their contents into the rectum ; consequently no call, impulse, or desire reaches the mind. Constipation will then ensue, for the stool, not being called for, is not performed. Every demand of a healthy portion of the intestine is answered by increased contraction of the muscles of the diseased portion

## Pathology of the Anus and Rectum

of the rectum. While the war between the healthy and the diseased sections of the bowels goes on, the victim naturally concludes that there is no occasion or demand for defecation, and he attends to other affairs, ignorant of the fact that he is thus making a fatal mistake.

The first condition that ensues is the tendency of the rectum to fill unduly with feces and gases, impelling the victim to "strain" in order to force the feces through the constricted anal canal. After a while the sigmoid flexure and colon will fill unduly, and then the victim will form the habit of waiting for the feces to descend, and of straining to expel what little manages to escape through the diseased gut.

A portion of the imprisoned feces in the healthy section of the intestine sometimes, at an unguarded moment, manages to distribute itself along the length of the diseased and constricted canal, where it is retained indefinitely, increasing the local irritation. And when the fecal mass accumulates sufficiently in both the healthy and the diseased portions of the intestines to set up a vigorous excitement, the victim may, by the aid of his waiting and straining habit (which habit, by the way, only torments and bruises the chronically diseased organs), bring on some sort of evacuation. In the early history of the disease this habit may serve for a time; but, as the disease progresses, the "laxative" habit is formed, which, in turn, settles into a chronic "drug" habit for all sorts and conditions of gastro-intestinal and other ills, which inevitably ensue. As the rav-

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ages of chronic inflammation of the anus and rectum increase, the symptoms rapidly multiply, till finally the victim, in desperation, feels that he must find additional sources of relief—and, among other habits, he forms the “diet” habit.

The order of abnormal habits brought into existence by ulcerative inflammation of the anus, rectum, and colon is about as follows : (1) the habit of unduly retaining the feces in the rectum ; (2) the habit of straining at stool ; (3) the habit of unduly retaining the feces in the sigmoid flexure ; (4) the habit of resorting to the use of purgatives, pepsin, and other drugs ; (5) the chronic “physic” habit ; (6) the foolish “diet” habit ; (7) the gastro-intestinal neurasthenic habit ; (8) the health-resort habit ; (9) the habit of trying desperately to appear agreeable while feeling really ill ; (10) the habit of blaming the liver for all direful feelings, physical and mental.

It is but natural that the lower portion of the rectal and anal structures should be affected more severely than any other portion of the intestines by the ulcerative, inflammatory process. The sphincter muscles are very strong, as a rule, and fill their office only too well when the anal and rectal canals are in a diseased state, for they effectually prevent the contents from escaping. Often their contraction or stricture is so great that their expansion is limited to from one-fourth to one-half an inch. This virtually permanent closure of the anal vent naturally results in an accumulation of



## Pathology of the Anus and Rectum

feces just above it, or in the lower portion of the rectum, which accounts for the dilatation, stretching, or ballooning of the anal and rectal tissues immediately above these muscles, as shown in Fig. 4.

In not a few cases where dilatation of the rectum exists, the upper half or more of the anal canal is also dilated, leaving an anal canal only an eighth of an inch in length in some cases; in other cases, perhaps half an inch to an inch.

Similar dilatation of the sigmoid flexure occurs as the result of the severe contraction of the upper half of the rectum, and especially at the bend shown by Fig. 6 and Fig. 12. This bend forms quite a sphincter for the normal receptacle—the sigmoid flexure. Here also prolapse, distention, and dislocation of the sigmoid flexure may occur, somewhat similar to the anal prolapse from disease and abuse.

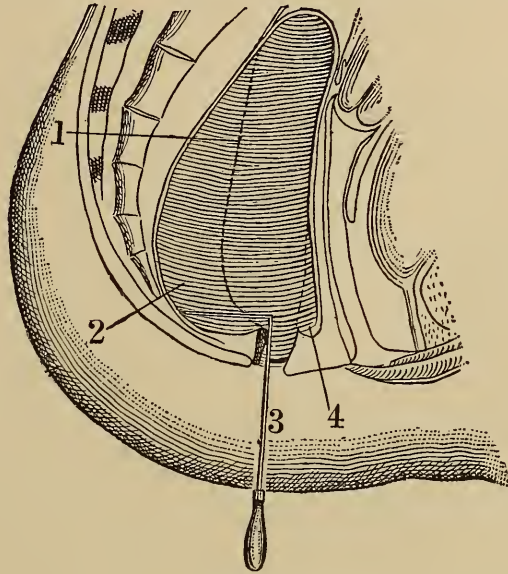


FIG. 4.

1, The dotted lines indicate the normal direction of the anus and rectum; 2, 4, the cavities or pouch formed by dilatation or ballooning from the storage of impacted feces; 3, a probe bent at right angles, and introduced through a speculum, to ascertain the depth of the pouch, which is frequently found to be two and a half inches.

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Piles and itching of the anus are symptoms of proctitis, or inflammation of the anus and rectum. Why should we find such dissimilar symptoms proceeding from the same cause? The reason is plain when we consider the results following chronic inflammation of the mucous membrane of the anus and rectum and the deeper tissues. Those who suffer from catarrh of this membrane are familiar with the discharge of mucus that appears from time to time during the progress of the inflammation. But, as the inflammation penetrates the mucous membrane and the underlying tissues of the anus and rectum, the escape of the inflammatory product is prevented; and this imprisoned fluid must either be absorbed by the system or retained in reservoirs or in channels wherever the least resistance is offered to its invasion.

The mucous membrane of the anus and rectum is loosely attached to the subjacent parts by areolar tissue (Fig. 1, 3-3), which is sufficiently lax to allow an expansion of two inches; and in a puckered or contracted state the membrane is thrown into folds, or into shallow or deep wrinkles. The loose areolar attachment and folds of various depths afford space for lodgment of the inflammatory discharge, which channels its way down along the folds through the areolar tissue under the mucous membrane to that of the integument, and so on for a distance of a foot or more from the anus in some cases.

## CHAPTER III.

### THE FORMATION OF CHANNELS, PILES, AND FISTULAS.

SHOULD channels, of varying length and numbers, form early in the development of proctitis, the sufferer is usually found to be free from piles, or hemorrhoids, for the reason that the channels have afforded an outlet to the inflammatory product. The formation of lengthy channels also prevents to a great extent the development of skinny tabs round about the integument of the anus. This is some compensation to the sufferer for the labor of scratching and for enduring the painful itching so often present. Some suffer only from pain along the channels themselves, while others experience a slight disturbance of the nervous system ; yet all must be more or less poisoned from the absorption of so large an amount of the contents of the channels and cavities.

In the cavities and along the channels the areolar tissue is of a mahogany color, and no channel is traced to its end so long as the tissues present a bruised, inflamed appearance. In some cases the inflammatory product has destroyed the areolar tissue attached to the integument at and near the anus, frequently to the extent of leaving a hollow

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space or cavity of surprising dimensions. I have met only a few cases in which the channels were opened by pus forming in them. Those that are very shallow, the walls being friable, may break and form a fissure of the anus; or a little anal fistula may arise from a slight suppuration at its end in the integument near the anus.

In cases where the channels are few and short, whether itching be present or not, the pile tumors are likewise few and of moderate size, demonstrating the intimate relation of the aggravation of either of the symptoms or the moderation of both in the same case. Very frequently pile tumors have channels extending from them to the junction of the mucous membrane and integument of the anus, or even under the integument about the anus, forming rugæ, or tabs.

The number and size of pile tumors would seem to depend on how completely the inflammatory product is imprisoned in the tissues in what is termed the "pile-bearing" region. Often the treatment of piles, or hemorrhoids, aids very much in the cure of itching at the anus—by destroying a part of the channels involved in the pile structures in the mucous membrane of the lower end of the rectum and extending along under the anal membrane and the integument of the anus.

The meshes and layers of the mucous membrane, as well as the space occupied by the areolar tissue, are stretched or pouched by the inflammatory product.



## Channels, Piles, and Fistulas

My observation forces me to conclude that the inflammatory product imprisoned in the areolar meshes, between the mucous membrane and the muscular layers, is the principal factor in forming piles and the channels so often found in the same region. Of course, obstructed circulation, congested veins, capillaries, and arterioles, and a more or less apparent varicose condition, increase the size of the pile tumors and the general thickness of the mucous membrane over the region affected by the disease.

The process occasioning the separation of the mucous membrane from its areolar attachment or bed often extends the whole length of the rectum, giving the mucous membrane the loose and raised appearance that a piece of thin silk would have if laid on over that surface. The fatty or areolar tissue under the skin about the anus suffers likewise by being destroyed, leaving a hollow cavity or a large channel of great length under the skin. The separation of the mucous membrane and integument about the anus from their areolar attachment permits of prolapse of the mucous membrane and integument that form the anal canal and skin around the orifice.

It would seem that the channels, pile sacs, and cavities serve as temporary reservoirs for the inflammatory product, a portion of which the system absorbs and another portion of which escapes through the mucous membrane and integument. In escaping in this way it occasions itching and

## Intestinal Irrigation

pain. The itching or soreness does not in all cases extend throughout the whole length of the channel. A few inches of the channel farthest from its origin may be the seat of the greatest disturbance, and the sufferer and physician alike are usually unaware that the source of the trouble is in the tissues of the anus and rectum.

The marked improvement in the health of those that have been cured of both the morbid condition produced by the inflammatory product and the cause of that condition is evidence that the general vitality of the system had been greatly lowered, even though the most annoying of the symptoms, such as piles, itching, or acute pain, had not been present. The lack of annoyance along the channel for a certain period may be due to a limited production, or to a rapid absorption of the inflammatory product by the system.

Proctitis and the attendant symptoms just described have been overlooked by the medical profession. Physicians have confined their attention to two symptoms—piles and fistula. After undergoing a surgical operation for these, the patient is considered cured. What ignorance, or rather short-sightedness, to remove only the annoying symptom, and then to pronounce the patient healed! Let me ask my professional brethren why they do not concern themselves with the underlying *cause* of the symptom or symptoms, and whether they suppose this cause is going out of business. Surely it is a grave mistake to concern one's self



## Channels, Piles, and Fistulas

with the leading symptom merely — to remove that, and to leave its cause intact. When the disease-producing cause remains to generate its poisonous effects in the system, opportunities exist for further symptoms to develop.

The system may be already depleted of vitality, and the harsh treatment for the purpose of removing a mere symptom may only make the sufferer's condition more deplorable — if it does not indeed cause death.

There are other symptoms of proctitis than piles and fistula, which remain after the conventional surgical operation for their removal. Obstipation and constipation are usually symptoms of proctitis, and will persist until the inflammation in the upper half of the rectum and sometimes in a portion of the sigmoid flexure is cured.

The victim of proctitis has two marked sources of poisoning of the system: one proceeding from the absorption of the inflammatory product, and the other from undue retention of the waste matter of the body that should pass out by the lower bowel.

Inflammation of a mucous membrane causes structural changes in the tissues involved in the morbid process, and not infrequently it becomes the seat of a malignant disease.

The reader may be familiar with the white, loose, alveolar (honeycomb-like) network of elastic tissue (called fat) just under the skin and mucous membrane. Consult in this connection the cut on page 24.

The abdominal and pelvic organs are cushioned

## Intestinal Irrigation

or held in place somewhat by the network of fatty tissue that surrounds them, and the rectum is no

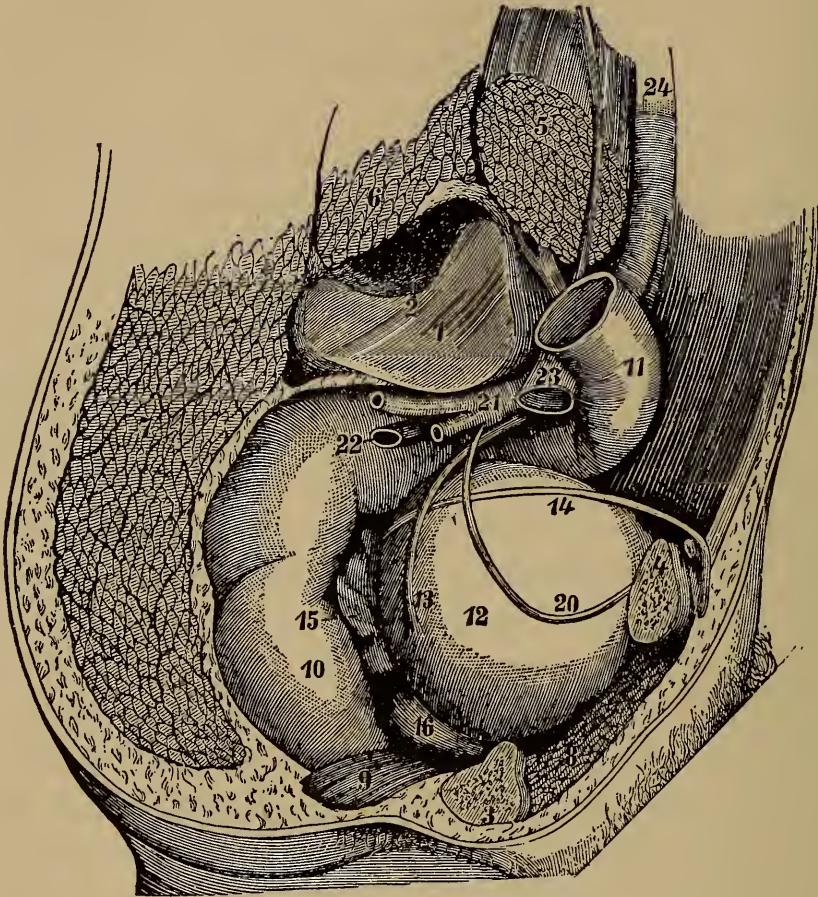


FIG. 5.

Male pelvic organs viewed from the right side (the right ilium and a portion of the ischium and the pubic bone, together with their soft parts, have been removed). 1, auricular surface of the sacrum; 2, tuberosity of the sacrum; 3, ischium; 4, pubic bone; 5, psoas muscle; 6, erector spinal muscle; 7, glutei muscles; 8, obdurator muscles; 9, external sphincter of anus; 10, rectum; 11, sigmoid flexure; 12, bladder; 13, ureter; 14, vas deferens; 15, seminal vesicles; 16, prostate; 20, lateral vesicle ligaments; 21, hypo-gastric artery; 22, hypo-gastric vein; 23, external iliac artery; 24, abdominal aorta. (Boas.)

exception to the rule. The outer or serous wall is surrounded by an abundance of loose areolar tissue,

## Channels, Piles, and Fistulas

which is divided into cellular spaces. When this tissue also is invaded by inflammation, the condition is spoken of as periproctitis; and we have a result somewhat similar to that which occurs in the areolar tissue just under the mucous membrane and integument, as previously described.

As the inflammatory product is discharged into this spongy or fatty connective tissue it is slowly forced in some direction, which is naturally downward, if not too much obstructed by firm tissue; at all events, it follows the line of least resistance and forms usually quite a large channel and several cavities along its course. The channel may begin at an elevation of four or more inches on the outside of the rectum (Fig. 5). Should it form in front of the rectum, the seminal vesicles (15) and the prostate gland (16) would suffer greatly by its presence.

As the inflammatory process burrows its way downward, it finally reaches the soft fatty connective tissue under the skin. It then continues along this in one or more directions for a distance of two or more inches. Several of these long, large pusless channels may exist for many years, or for a lifetime, without sufficient evidence of their existence along their route accurately to locate them. Itching, pain, and color of the skin often indicate the presence of such a channel under the integument. The author has frequently found large channels extending up along the outer rectal wall for four inches, and extending out into the deep



## Intestinal Irrigation

tissues of the buttocks in various directions, without making their presence and ravages known to the victim.

Such numerous pathological conditions have led the author to conclude that an abscess just under the skin and the discharge of pus are merely incidents in the history of such maladies. Think of it: your body may be bored with channels or holes of varying diameters and lengths, while you yourself may be ignorant of what is occurring! The mucous membrane may be lifted from the connective tissue for the whole length of the rectum, and the skin about the anus may also be in this condition. You know that your health is not good, but you are ignorant of the cause. The formation of pus at some period of the channel's inroads, or of an abscess, would seem a kindly act of Nature, for the presence of so serious a disturber to health would thus become known.

I have not overdrawn this picture of periproctitis and of submucous tissue channels. The victims could scarcely be worse off than they are. I want boys and girls, young men and young women, to learn the facts concerning the local dangers of proctitis; for, when they once realize the seriousness of this disease because of its many grave symptoms, they will give it proper attention before these effects manifest themselves. You cannot neglect so important a portion of your body as the anus and rectum and not seriously endanger the organs that lie close to them. No wonder so many

## Channels, Piles, and Fistulas

men are troubled with inflammation and induration of the prostate gland. The percentage of such cases would be greatly reduced were proctitis and periproctitis denied the existence they now enjoy for years, and often for a lifetime.

In view of all that has been advanced concerning these local pathological conditions, is it strange that almost everybody is constipated, and that we need some simple sovereign aid to further the scientific treatment of the physician—an aid such as the enema has proved to be?

## CHAPTER IV.

### UNDUE RETENTION OF GAS AND FECES IN THE SIGMOID FLEXURE.

IN the previous chapters attention was called especially to the lower portion of the rectum and the anus. In this chapter we will consider the sigmoid flexure, which, when diseased, is often dilated, dislocated, and depressed, a pathological condition somewhat similar to that found in the lower portion of the rectum and the anus.

The illustration on page 29 shows the normal relations of the rectum and the sigmoid flexure; also the whole colon. 7 marks the beginning of the sigmoid flexure, and 6 its upper end. The reader will note the four sharp curves or flexures of this organ,—from 6 to 7,—which forms in health a normal and most convenient receptacle for feces, and which, like the bladder, can be emptied at regular intervals.

Unless the system were able in some way to eliminate the waste and poisonous matter it had generated within six hours, it would fatally poison itself.

Those internal ventilators, the lungs, and those external ducts, the pores, are constantly at work



## Retention of Gas and Feces

purifying the body ; and they are actively assisted by the kidneys and the bladder. Observation extending over many years of practice induces me to believe that among those who suffer from chronic constipation two-thirds to three-fourths of the fecal mass is taken into the system and eliminated by the kidneys, mucous membrane, and skin. Diseases of the above organs are numerous and seemingly incurable from the fact that their common cause has not been discovered and treated properly. Were it not for these organs steadily at work, the labor of the bowels would be of little avail. But while the importance of the former cannot be ignored, it must be conceded that the most important of all the eliminating organs are the bowels, for their function is to discharge not only the waste solids but also a great amount of waste liquids and gases as well.

Undue fermentation of the ingesta (the aliment taken into the system) generates poisons of more

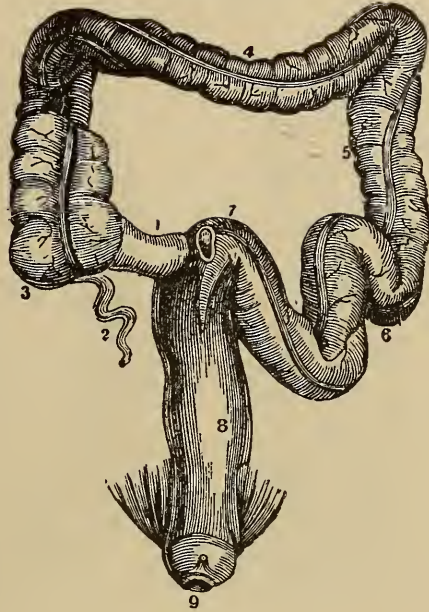


FIG. 6.

9. The anus. Levator ani muscle seen on each side. 8, 8. The rectum. 7. Beginning of the rectum. 6. The sigmoid flexure. 5. The descending colon. 4. The transverse colon. 3. The cæcum, or *caput coli*. 2. *Appendicula vermiformis*. 1. The end of the ileum.

## Intestinal Irrigation

or less virulence; it must therefore be obvious that a clean intestinal canal is necessary after every meal to further the normal digestive process.

Very often the outlet of the sigmoid flexure is ob-

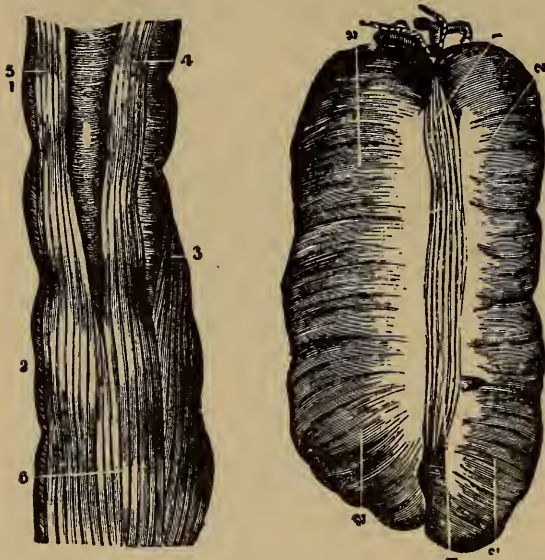


FIG. 7.

A view of the longitudinal muscular fibers of a section of the rectum : 2, upper portion of the rectum ; 3, 4, 5, the three bands of longitudinal fibers of the colon continued upon the rectum ; 6, the longitudinal muscular fibers of the rectum formed by the expansion of those of the colon. A view of the muscular coat of the colon : 1, 1, one of the bands of longitudinal muscular fibers ; 2, 2, the circular fibers of the muscular coat.

structed. Figures 6 and 7 are shown to make the cause of this obstruction more clear. In Figure 7 we see the longitudinal and transverse fibers that form the wall of the rectum. In all cases of chronic obstipation, the muscular structure of the anus, rectum, and frequently of a portion of the sigmoid flexure is invaded with

chronic inflammation of a very severe and serious character.

What is the result of this inflammation? Self-evidently contraction of the muscular structure, as you would quickly enough discover were one of your hands or arms inflamed.

## Retention of Gas and Feces

Though constant attention should be given to the much more important organ, the rectum, practically none is given it. "Out of sight, out of mind."

Again, no doctor would diagnose an inflamed limb as paralysis, atony, etc., and dose the victim with *nux vomica*, tonics, physic, etc., in the hope of thereby healing it. Yet, with singular fatuity, this absurd diagnosis and treatment is given when the lower bowel is invaded with chronic inflammation.

Let the common-sense reader inform himself concerning his organism. Let him remember that he has within muscular organs that demand exactly the same attention when diseased as those without. This fact is especially important for the sufferer from constipation or semi-constipation to know.

Were the anus, rectum, and sigmoid flexure one continuous straight tube, the muscular action in the process of defecation would not be as complex as it is, since then the feces would drop right down and out. But these parts have so many curves and angles that when disease invades their interior they accentuate their folds and valves by contracting and do not readily respond to the nerve demand for complex, muscular, snakelike movements, when evacuation is desired. In this unreadiness to respond they cast into confusion all the functions of the whole complicated organism, all parts of which are necessarily interdependent. A wise provision of Mother Nature are these curves, angles, and valves,



## Intestinal Irrigation

for they prevent the sudden dropping of the contents of the colon down to the anal orifice—a possibility that would greatly embarrass us during social and business hours.

The accompanying figure shows the rectum dissected at its upper end from the sigmoid flexure. This portion of the rectum is smaller than the lower two-thirds of the organ. Now, it is this lessened diameter of the gut that is an aid to the sigmoid flexure in its capacity as a receptacle, but a most decided hindrance when it is diseased—since it will positively inhibit the passage of feces and gases, thereby occasioning a distention of the sigmoid flexure (obstipation) because of a detention of the contents, which then weights the flexure down upon the rectum. Thus we see exemplified how an aid may turn into a hindrance, as we already have observed, in an unduly contracted anal vent.

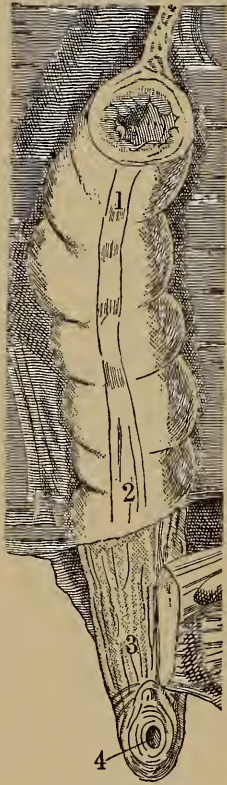


FIG. 8.

The *rectum* is not straight, as the word itself would indicate, but curves to the right, then back well on to the spine, and then forward to the anus, which turns slightly backward from the lower anterior portion of the rectum.

When these muscular-tube organs are invaded by disease, these very curves, valves, and bends of

## Retention of Gas and Feces

anus, rectum, and sigmoid flexure are responsible for at least nine-tenths of the ills that affect humanity from the cradle to the grave — ills directly due to self-poisoning, technically known as auto-infection and auto-intoxication, the fashionable name of which is neurasthenia: a weakening of involuntary and voluntary nervous systems through lack of vent from irritating poisons, flatulency, and of course defective metabolism or nutrition. A better name would be *vaso-motor neurasthenia*.

After these anatomical and physiological points have been noted, it is to be hoped that the reader has grasped the idea of how easily this portion of the bowels, when diseased, can prevent the normal descent of the feces and gases accumulated just above the diseased portion of the gut. It should also be easy to understand how a portion of the unduly retained feces may pass out, but in so doing be the cause of increased irritation and consequent contraction of the muscular tube, preventing thus any further passage of feces from its receptacle. Usually a portion of the escaping feces is caught and held in the rectum itself, converting the rectum into a receptacle.

It is just here that the practical application of the principles deduced must come in. Let my professional brethren as well as all victims of bowel disease consider the following question, and then all will be clear: Since normal feces contain about 75 per cent. water, is there any harm, nay, is there not decided benefit, in suddenly liquefying the im-

## Intestinal Irrigation

prisoned mass to, say, 99 per cent.—whether disease exist or not?

When disease exists we simply desire to open the contracted or obstructed canal. What can be better, in a therapeutic line, than the kindly distending influence of warm water to overcome the spasmodic closure of the diseased tube? In addition to the gentle dilatation the injected water occasions, the water creates or calls into activity the lost nervous impulse to evacuate, which impulse is a step toward the restoration of the lost normality.

Under the benignant influence of the water injected in the large intestine there comes a desire to expel it, which, when responded to, carries with it the feces so long imprisoned, and at the same time divests the walls of the intestine of the inevitable incrustations.

Thus, with purifying water, the foul pool is emptied, and the parts are cleansed so thoroughly that nothing is left to vex the inflamed tissue.

Is there any sane person that can offer one valid objection to the use of depuratory enemata in cases in which the normal function of the bowels is lost through abnormal changes brought about by chronic disease?



## CHAPTER V.

### REBELLION OF OUR OUTRAGED INTERNAL ECONOMY.

THE small intestine is that portion of the alimentary canal which begins at the stomach and ends at the large intestine. Its usual length is twenty feet. The diameter, which at the upper portion (duodenum) is two inches, gradually becomes less, until at the lower end it is but one inch.

Now, the length of the inner coat of this small intestine—the mucous membrane—is about *double* that of the intestine itself. Think of wearing a coat twice as long as yourself! How do you think this is accomplished in the case of the muscular tube under consideration? Well, Nature, having a most peculiar function to perform, has thrown this mucous coat or tube into a thousand folds (*valvulæ conniventes*, or “winking valves”). These folds form valves, occupying from one-third to one-half the circumference of the bowel. The greatest width of each fold is at the center, where it measures from a quarter to half an inch. Over this great expanse of mucous membrane we find studded ten million five hundred thousand intestinal

## Intestinal Irrigation

villi, whose office it is to absorb the food substances in their passage through the canal.

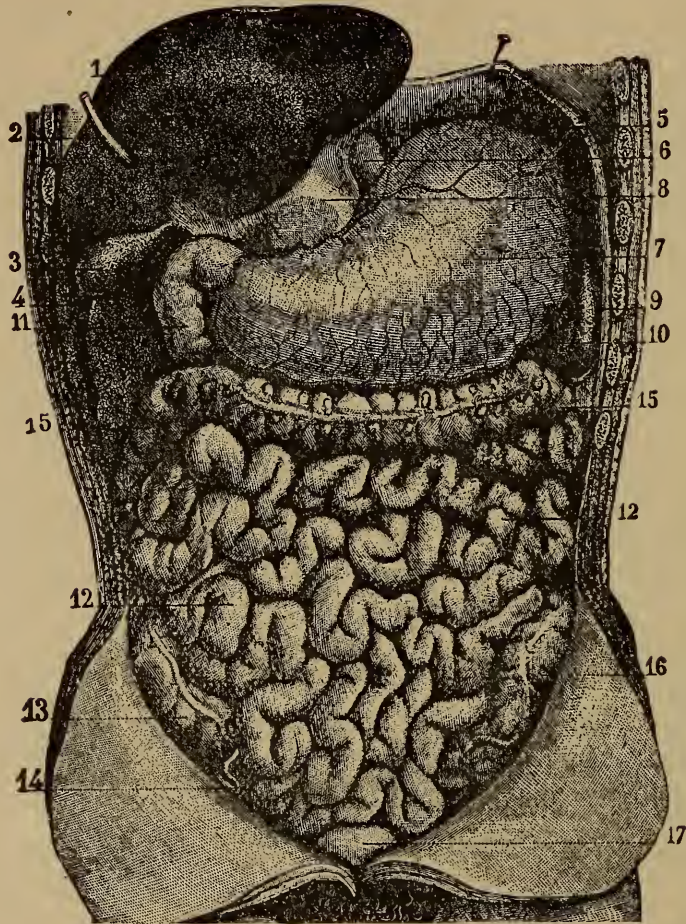


FIG. 9.

Stomach, liver, small intestine, etc. (Flint.) 1, inferior surface of the liver; 2, round ligament of the liver; 3, gall-bladder; 4, superior surface of the right lobe of the liver; 5, diaphragm; 6, lower portion of the œsophagus; 7, stomach; 8, gastro-hepatic omentum; 9, spleen; 10, gastro-splenic omentum; 11, duodenum; 12, 12, small intestine; 13, cæcum; 14, appendix vermiformis; 15, 15, transverse colon; 16, sigmoid flexure of the colon; 17, urinary bladder.

Those that have observed the anatomical illustrations of the small intestines must have been struck by their apparently inextricably tangled

## Rebellion of our Internal Economy

convolutions. In life, these convolutions are constantly changing their locations, as though they were a mass of worms.

The large intestine begins at the cæcum and extends to the anus, or vent of the intestinal sewer. It is called the colon—the ascending, transverse, and descending colon. It is about five feet in length. Its diameter is the greatest at the cæcum, where it measures, when moderately distended, two and a half to three and a half inches. Beyond the cæcum the diameter is one and two-thirds to two and two-thirds inches, the smallest part being at the upper end of the rectum.

The muscular movements of the large intestine are much more limited in number and range than those of the small intestines. The area of its mucous membrane is also much less, notwithstanding the fact that it is thrown into sacculated pouches, or sacculi, by the contraction of the longitudinal muscular bands of the bowel.

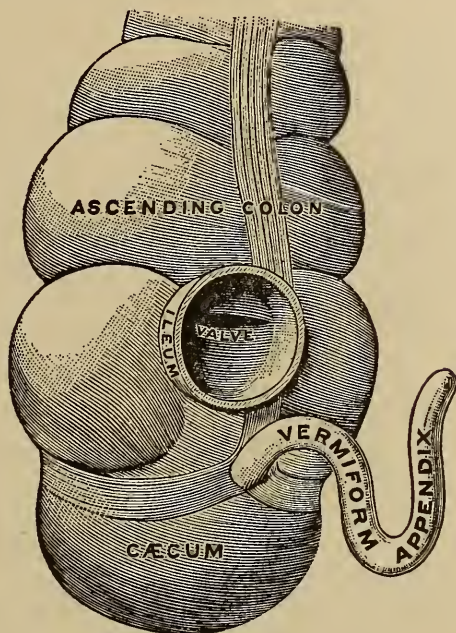


FIG. 10.

The cæcum, dorso-mesial view, showing the ileum-side of the ileo-cæcal valve, and the beginning of the three muscular ribbons. (Gerrish.)



## Intestinal Irrigation

Consider this tube, for it is really unique. Note the longitudinal muscular bands (Figs. 12 and 13). We find this tube to be five feet long when the

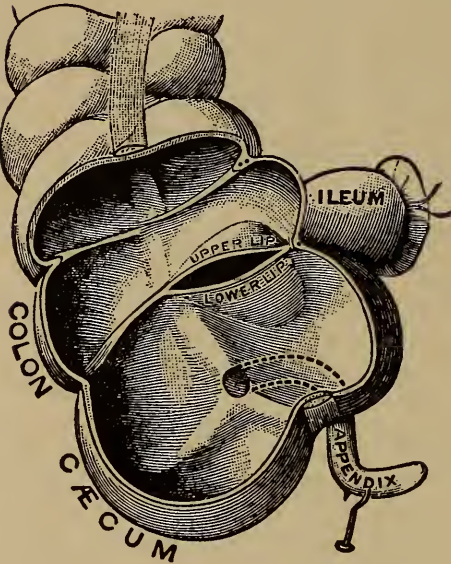


FIG. II.

Cavity of the cæcum, its front wall having been cut away. The ileocæcal valve and the opening of the appendix are shown. (Gerrish.)

surface made by the circular bands is measured, and four feet long when that made by the longitudinal bands is measured. Now, the four feet of surface must of course contract the five feet. Well, in the tube under consideration, the musculo-areolo mucous tube is thrown into circular puckerings in short sections, between which are deep trans-

verse creases, each bounded by prominent bulges. (Fig. 13.) An inspection of the bore of the tube shows a sharp ridge corresponding to each depression of the outer surface, and a large recess collocated with each external protrusion. This external and internal appearance of the large intestine reminds one somewhat of the flexible hard-rubber tubing used as a conduit for electric wire in houses.

The sacculated pouches thus formed by the shortening of the bowel may become abnormally

## Rebellion of our Internal Economy

distended, and resemble the proper receptacle for feces — the sigmoid flexure. Even the rectum, in



FIG. 12.

A view of the position and curvatures of the large intestine. 32, end of the ileum; 31, appendix vermiformis; 4, cæcum; 3, ascending, 2, transverse, 8, descending colon; 9, 9, 9, sigmoid flexure; 10, 10, rectum; 12, anus; 13, 13, bladder; 11, 11, 11, peritoneum—length from 4 to 6 feet, and a mean diameter of about  $1\frac{2}{3}$  to  $2\frac{2}{3}$  inches. The sigmoid flexure is a receptacle for the feces, and each end is the highest and bent on itself; this arrangement spares the rectum and sphincters of pressure and weight until the proper time to stool.



## Intestinal Irrigation

cases of chronic constipation, is usually enormously distended, owing to the overloading or filling up of the bowel with feces.

I have given this somewhat lengthy *résumé* in

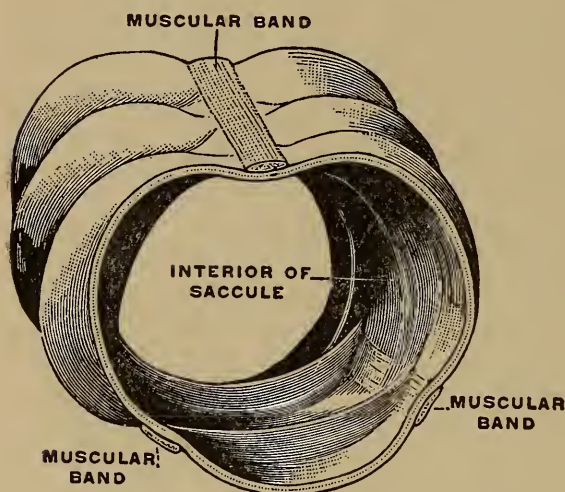


FIG. 13.

Segment of large intestine, showing the characteristic features of its structure. (Gerrish.)

order to enable the reader to appreciate a most pertinent question.

Let us see what we have found: The small intestine, with its manifold folds and its numerous pockets, made by the forty

feet of mucous membrane; the bends and curves in the five feet of the large intestine, with its numerous dams and pools; and, lastly, the abnormal reservoirs for feces, liquids, and gases.

Finding this, the question inevitably is, What is the best agent for cleansing this marvelously sensitive canal, twenty-five feet long, whose mucous membrane extends forty-five feet? No one would think of taking, if he could, the foul sewer in his hands, and shaking it, fold upon fold, with the faint yet fond hope of sterilizing it. How can any mode of physical culture meet the requirements for effecting a cure of ulcerative proctitis and colitis, to say



## Rebellion of our Internal Economy

nothing about keeping the bowels sweet and clean? Chronic, subacute, and acute inflammation, accompanied with ulceration, located in any part of the body, requires rest to overcome the fever and congestion. Muscular exercise irritates and inflames the diseased parts.

Another form of "physical culture" would put into the bowels all sorts of stuff that cannot be digested, such as bran, crushed seeds, shells, raw food, etc., that set up excessive muscular action and secretion of mucus as the improper stuff passes down and out. In the sacred name of hygiene, this new cathartic remedy is prescribed and taken. Seeking relief from the painful effects, the patient finds that these "remedies" make the disease and its symptoms worse. Hygienic fool-killers are, like the poor, always with us.

You are aware of the irritation that a grain of

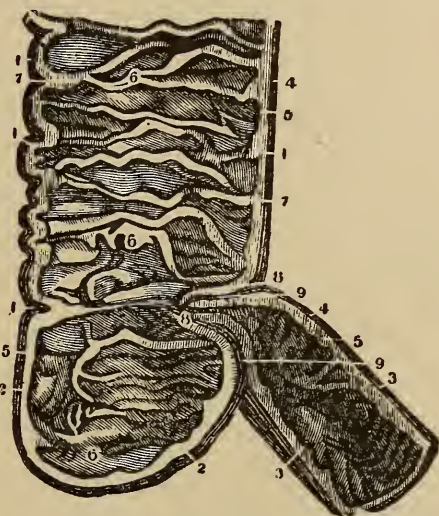


FIG. 14.

A longitudinal section of the end of the small intestines, or ileum, and of the beginning of the large intestines, or colon. 1, 1, a portion of the ascending colon; 2, 2, the cæcum, or caput coli; 3, 3, lower portion of the ileum; 4, 4, the muscular coat, covered by the peritoneum; 5, 5, the cellular and mucous coats; 6, 6, folds of the mucous coat at this end of the colon; 7, 7, prolongations of the cellular coat into these folds; 8, 8, ileo colic valve; 9, 9, the union of the coats of the ileum and colon.

## Intestinal Irrigation

sand will set up when it comes in contact with the mucous membrane of the eye. Then can you not realize that you will torment the forty-five feet of intestinal mucous membrane with like indigestible stuff? It is estimated that ten per cent. of the really suitable food is residue matter with which the digestive tract has to deal and get rid of with as much economy and as little friction as possible. Then why increase this residue twenty or fifty per cent.?

More than nine-tenths of the human race have been content to depend on comparatively violent excitants, such as drugs, coarse food, and muscular exercise, etc., to relieve the bowels of the feces, liquids, and gases of a most foul character—the foulness due to putrid fermentation and undue retention.

When will these prescribers and partakers ever learn that bile bouncers and peristaltic persuaders have an immense journey before them when they start to remove the foul accumulation of feces from the sigmoid flexure and ballooned rectum? For, be it remembered, the normal receptacle for feces is twenty-four feet four inches from the stomach, and the abnormal receptacle twenty-four feet eleven inches—within two inches of the vent of the body!

Surely quite a degree of mental constipation must have existed in both the prescribers and the partakers to think such thick and dense thoughts as are represented by these bouncers and persuaders. So you would *cleanse* the bowels with

## Rebellion of our Internal Economy

such unclean, poisonous, and irritating things! What amazing hope born of ignorance! Outraged Nature cries: "How long! how long! how long will my 'inards' be so abused in the name of cleanliness and yet remain so unclean? Ye benighted mortals, if ye would listen to me, your Mother, I would give ye a pure and wholesome prescription, for I would prescribe equal parts of enlightenment and water well mixed, and advise ye to take a portion of it fore and a portion of it aft, per os (mouth) and per anus. Thus and thus alone would I prescribe for ye; such and such alone is the way for ye to do; purify to cure, or cure by purifying."

Constipation must not continue, for it means not only the clogging up of the large intestine with the foul sewage of the system, but also the drying of that sewage, which latter process implies the absorption of poison. Now that you are in this condition, Medicus steps up and prescribes a cathartic mixed with belladonna or opium, or both. These latter are meant to quiet the mournful cry of outraged Nature when the cathartic invades its sacred precincts. And it may be noted, by the way, that though belladonna, atropine, morphia, etc., tend to dry up the secretions of the mucous membrane and make matters worse by making them still more arid, still the action of the cathartic is usually so powerful that after the free fight with the pain soothers it triumphs, and produces a free flow of watery secretion into the dried, impacted mass of the bowel.

## Intestinal Irrigation

Does it not stand to reason that the greater portion of the liquid in which the feces were dissolved and had fermented is re-absorbed into the system? Why should the poor victim of proctitis and cathartics wonder why he has gout, rheumatism, and disease of the kidneys, bladder, lungs, liver, stomach, nerves; why he has neurasthenia, debility, feebleness, loss of memory, inability to fix and hold the attention upon a single line of thought, apprehensions, etc.? His wonder is childish, for deep in his heart he knows that he poisoned himself. He knows this, but it seems that he must be reminded of the fact that there is a better way to remove the accumulated mass from the large intestine, and to prevent in future the undue retention of feces, liquids, and gases in abnormal sacs or pouches. The way that Nature prescribes is the resort daily, two or three times, to the enema.

When the injected water reaches the imprisoned and dried feces, the crust is loosened from its holdings and the mass is moved toward the exit by the expulsive effort of the bowels. Previously the bowels were helpless with their load. As the sudden flood of water is expelled it carries with it the inspissated feces; whereupon the subconscious personal Ego, who is the superintendent of the digestive apparatus and functions, congratulates himself on the delightfully refreshing manner in which the local disturber has been ousted.

Such is the satisfactory decision of the arbitrator—Enlightened Nature. No longer need we bow



## Rebellion of our Internal Economy

to Medicus or to any other kind of "cuss," whether styled hygiene or physical culture. Arbitration of this sort makes life worth living.

Now for Nature's benediction: "May that feeling of freedom from uncleanness, internal and external, be with you constantly, and this double blessing make your joys flow so fast that in their rapidity they blend into a sun and radiate from your rejuvenated physical being."

2



## CHAPTER VI.

### GASEOUS OBESITY AND OUR ROLY-POLIES.

**I**S there any human being so ignorant that he cannot understand that when food stuffs in the gastro-intestinal canal ferment and putrefy they thereby generate toxic (poisonous) gaseous matter, volatile fatty acids, and putrid feces; that such matter, acids, and feces are rapidly absorbed by the system, and that, if the system does not readily eliminate them by way of the bowels, kidneys, and mucous membrane, they will tend to bring on one or more forms of acute or chronic disease?

Gas is matter in its most rarefied state—a state that permits its easy entrance into all the tissues of the body, where it perverts by its presence and toxic effect the normal function of all the organs. Besides its poisonous infection, it distends or bloats the stomach, bowels, and tissues—a fact especially noticeable in the abdominal region, giving the appearance of corpulency or obesity to many, when really it is only abdominal ballooning or gaseous obeseness. Roly-polies—and there are a great many of them—will have their pride greatly hurt by accounting for their condition in this way, but the truth must be told and they might as well face

## Gaseous Obesity and Roly-Polies

the facts first as last. Gaseous obesity, or borborygmus, is spoken of popularly as wind in the stomach and bowels. No wonder the roly-poly is sensitive on the subject, for this "wind" occasions rumbling sounds, eructations, and offensive odors—all of which are a great annoyance to the sufferer from dilated, displaced, and unclean digestive apparatus.

Besides being generated in the system, gases may be swallowed during the act of eating, in the form of air (oxygen and nitrogen), and in liquids containing carbonic acid, sulphuretted hydrogen, etc.

Micro-organisms swallowed with the food will occasion fermentation of the contents of the stomach and bowels, which if unduly retained become excessive, foul, and toxic—therefore extremely harmful to the system.

The gases generated in the stomach are the following: carbonic acid, hydrogen, hydrochloric, ammonia, sulphuretted hydrogen, marsh gas, etc. They are partly absorbed or thrown off by eructations, or they pass into the duodenum or small intestine.

Gases are found throughout the small and the large intestine. These are the result of both the normal and the abnormal digestive fermentation and bacterial decomposition of the ingesta or food stuffs. Some of the gases are passed into the intestines from the blood by diffusion.

The production of gas is more copious in the

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upper portion of the small intestine and becomes less rapid and abundant as the large intestine is reached. As formed or found in the intestines, the gases are : carbonic acid, hydrogen, marsh, ammonia, nitrogen, sulphuretted hydrogen, and sulphate of ammonia.

Considering the large amount of abnormal gases generated in the bowels and which abnormally distend the abdominal walls for several inches and press upon the heart and lungs, and considering the small amount passed out as flatus, their entrance into the tissues of the body must be very rapid and harmful.

Stop the habitual putrefaction and mal-digestion, and then the formation of toxic feces, gases, and volatile acid will speedily cease. Then the erstwhile roly-polies will shrink in circumference four or more inches, necessitating the refitting of their garments to the new and better order of things.

Much has been written about the distention of the rectum, sigmoid flexure, and colon from the undue accumulation of feces. The fecal distention of the gut may extend along the intestine for from three to nine inches or more, which is a very grave matter indeed. But why is so much attention given to a few inches of impacted feces dilating a portion of the bowel, and none whatever to the prevention or elimination of gaseous matter that distends the whole gastro-intestinal canal to such an extent that the body is tightly inflated and the median parts of the belly bulge out like a balloon ?

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Cattle raisers are conversant with the gaseous inflation of their animals, and have to resort to the knife to puncture the stomach to permit the gas to escape ; otherwise fatal results would soon follow. Some animals, even, like most human beings, are intemperate in eating. When they consume too much grass they suffer from flatulency and colic, and require drastic treatment.

Rather than let some worthy men and women die, ought we not at times to adopt the ranchman's treatment for flatus? This harsh means, however, might be avoided by inventive science. Overfed, constipated, inflated man, victim of habitual flatulency, could easily have small gas valves inserted here and there along his gastro-intestinal canal — one, say, to relieve the stomach of toxic gas, another for the appendix region, and still another in the hernial region of the abdomen. Suppose overfeeders were to adopt the gas-valve fad, and discontinue the habit of using cathartics, soda, charcoal, peppermint, pepsin, whiskey, etc., as means of relief! How in the world can a *drug* aid digestion when taken into a foul, gaseous, and feces-clogged canal?

A chemist cannot get the definite results he seeks unless he have the right chemicals and proper vessels. Just so with the spiritual Ego and his systemic chemistry of food: he needs a clean and healthy digestive apparatus for proper assimilation and elimination. But he gets careless, allows it to get foul, and then insincerely expresses astonishment that the chemical combinations are not such as one



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could wish or expect. Other chemists, called doctors or druggists, come along and dose the poor victim of his own carelessness until they have ruined his apparatus completely. They have got to live, of course; and it is their business to see that he does not escape so long as they can help it.

Sometimes there is a reassertion of common sense; the poor victim becomes disgusted with himself and his credulous acceptance of the doctor's dictation and his fatuous swilling of the druggist's decoctions. He gets tired of chronic ill-health and bowel troubles, and, lo and behold! he does the simplest and most sensible thing in the world—a thing he ought to have done at the very start, or before he ever had the least trouble: He thoroughly washes out his alimentary canal with pure or antiseptic water. He drinks a lot of pure spring water, and he flushes his bowels with two or three enemas. Doctors and drugs are henceforth banished; he gets well! What a blessing to lose one's faith in the magic of drugs and the majesty of doctors!

Few comprehend the baneful effects of flatulency on the system, the most usual of which are fatigue, depression, headache, buzzing in the ears, deafness, vertigo, loss of memory, inability to fix the attention, disturbance of sight, drowsiness, etc. A continuous stream of carbonic acid or of hydrogen directed against muscular tissue will cause paralysis of the part.

Physicians admit that in certain portions of the alimentary canal extensive dilatation may occur,



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independent of any permanent obstruction, in the lumen, or bore, of the gut. As a rule, however, victims of proctitis and colitis suffer from more or less occlusion of the lumen in the region invaded by the ulcerative inflammatory process.

Considering that the wall of the abdomen is often greatly extended by gas within the digestive apparatus, it is not amiss to assume that this gas may cause local distention of segments of the gastrointestinal canal, sufficient to paralyze or render inoperative the parts.

Suppose we make a rubber duplicate of the abdominal walls of the average man, and place therein rubber duplicates of all the internal vital organs—pelvic and abdominal. To hold the stomach, bowels, and other organs in place, we fasten them with elastic bands here and there, and make a generous use of cotton to support the various parts, which are all connected with many little circulating tubes, with strings for the greater nerves, etc. Now let us distend our thin artificial digestive apparatus with air or gas—snugly filling the abdominal space of our model, without tension, however, or slackness of the various parts, which are happily adjusted and at rest. Now, be it remembered, persons suffering from flatulency are more or less in the predicament of the gluttonous animal referred to above: the gas will not escape at either end, however much of an effort it makes, or the victim may make to help it.

In filling very slowly our thin artificial alimentary

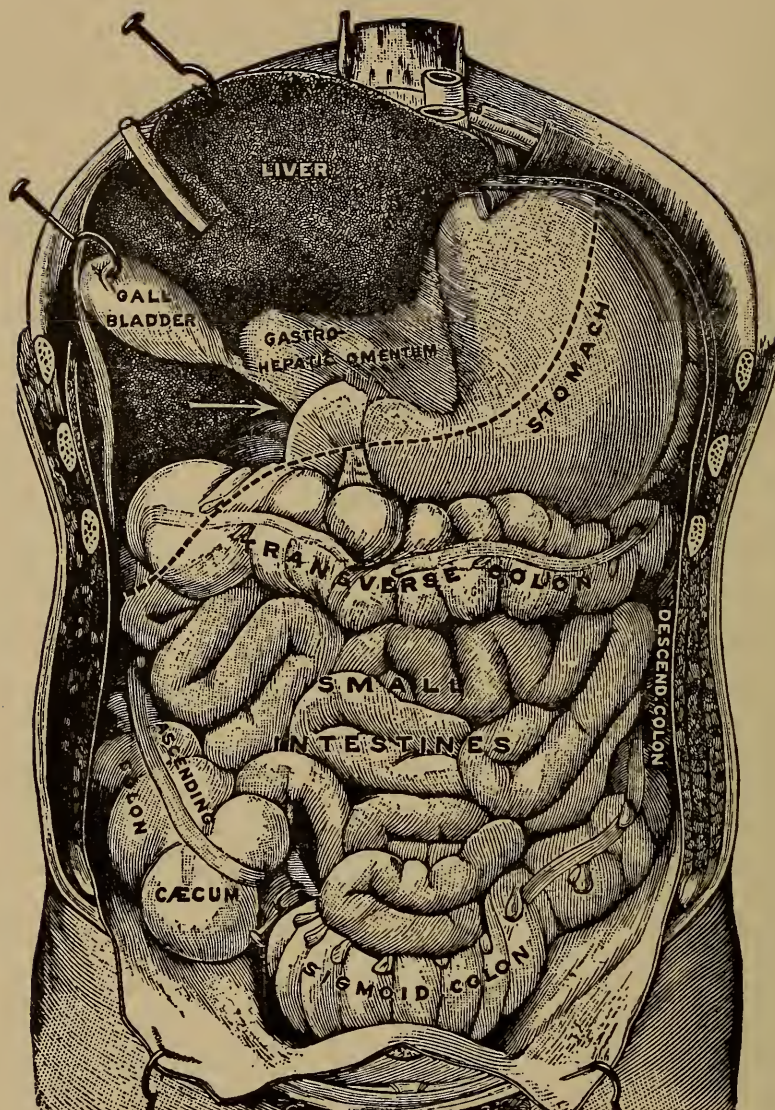


FIG. 15.

The stomach and intestines, front view, the great omentum having been removed and the liver turned up and to the right. The dotted line shows the normal position of the anterior border of the liver. The arrow points to the foramen of Winslow. (Gerrish.)

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canal, note the distention along the canal as the gas accumulates. Then note that the elastic bands stretch as the various segments of the canal change location, especially the stomach and portions of the small intestine and of the colon, etc. The stomach, small intestine, and colon, as they dilate, shift about for room. The abdomen is seen to bulge out some four or more inches while the turmoil is heard going on inside.

Continue this inflation and our rubber intestinal tract will display here and there a displacement and permanent abnormal enlargement of the lumen or bore. Suppose, further, that our complete model of the abdominal viscera and wall had tightly around its outer surface unelastic corsets, skirt bands, trouser bands, vests, etc., all or any of which held in or compressed its bulging wall — what would happen? Why, something inside would slip out of place or burst and let all the wind escape, relegating our creation to the rubbish heap.

Now, when a man loses his wind by the rupture of a tube, he is said to have expired, and his body is sent to the crematory—or ought to be sent there for sanitary reasons. It would be much more satisfactory, by the way, to our friends, after our demise, were our bodies sterilized while they “live.”

I hope I have made it clear that it is a most serious pathological condition—inasmuch as it prevents the normal onward progress of ingesta and feces—to permit of the continued existence of an excessively dilated gastro-intestinal canal, with one or



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more of its segments permanently enlarged—segments like the stomach, duodenum, cæcum, transverse colon, sigmoid flexure, rectum, etc.—and with pendulous abdomen, sallow and muddy complexion, etc.

When to this condition is added a general displacement of the abdominal viscera, or of one or more of the organs of the abdominal and pelvic cavities, you have an objective picture of chronic ill health in all its severity.

Are you sincerely desirous to know how your friends feel when you greet them? Don't ask them the stereotyped question, "How do you do?" or, if you are a German, "How do you go it?" or, if you are a Frenchman, "How do you carry yourself?" But ask them the specific and sensible question appropriate to our civilized habits: "How are you and your bowels to-day?" And at parting it were well to say: "May peace be with you both—you and your bowels!"

The spirit of man can torment his personality, and his personality in turn can vex his spirit.

Few people are aware of the fact that the stomach and intestines can undergo alteration in position. Many are familiar with the fact that the kidneys may be displaced, and are then called "floating kidneys"; that the liver, pancreas, spleen, and uterus occasionally go on excursions, causing thereby considerable and numerous disturbances. And it is not at all strange that they should, since there is so much pressure from within, so much pressure

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downward, and so much pressure from without—all through the requirements of fashion, indulgence, and ignorance. But the stomach, upper portion of the duodenum, and small intestine, cæcum, the ascending colon, and especially the transverse colon and sigmoid flexure, are susceptible to various forms of displacement, inhibiting the ready flow or passage of food stuffs, gases, and feces from one segment of the digestive apparatus to another, until the vent is reached.

Reviewing the ground already gone over, we have found that proctitis, as a rule, is the primary cause of sigmoiditis and colitis; that these combined are the cause of constipation; that this is the cause of indigestion, flatulency, and distended alimentary canal, and, as matters go from bad to worse, of permanent distentions and displacement. Is it any wonder then that there are so many that suffer from *gastro-intestinal neurasthenia*?

Surely our digestive apparatus ought to have as much attention as a well-regulated house furnace. In the morning the ashes are dumped and fresh coal is put on. A similar process is gone through with at noon and night. Some may run their furnaces on two meals a day and two dumpings of the waste material.

When a boy puts a penny into a slot machine he gets what he expects and is pleased. The machine has done its work in delivering the goods. Why should he give a thought where his penny lodged? In like manner man is always ready to



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put food stuff, and other stuff as well, into the upper slot of his machine, for he gets immediately satisfaction thereby. But he is like the boy; he does n't care a fig what becomes of the stuff so long as it does n't annoy him too much. Eventually the machine refuses to work, and seems unable to deliver the goods at the other end; something has become clogged or out of gear. Let me advise the reader at least to keep the passage clear by dumping the systemic furnace twice or thrice daily—using the enema to effect the result.

## CHAPTER VII.

### IRRIGATION OF THE ASSIMILATIVE AND ELIMINATIVE ORGANS.

THE habits of people in general do not seem so bad when one considers the average individual's limitations as to knowledge and thought. The fact is that most people don't know, don't think, and hence don't care. Let them read more science, think more sensibly, and act more seriously; then their habits will be more satisfactory.

The alimentary receptacle — the stomach or vat in which foods and liquids are received and mixed — is habitually converted by many persons into a chemical retort for all sorts of drugs and remedies, with the view of reaching and relieving the ills of the various organs of the body, from dandruff to corns. The writer believes that he can give more and better reasons for his confidence in the therapeutic value of remedies than most other physicians, but he wishes to emphasize here the transcendent importance of common sense in their administration. Before and above all else, however, what is wanted is a clean gastro-intestinal canal; and his claim is that water, properly used, is the best agent to effect that cleansing. On a par with this canal in importance are the eliminative tissues and organs

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of the system : the kidneys, mucous membrane, and skin. What therapeutic agent, properly used, is better than water ? After all the assimilative and eliminative organs and tissues have been thoroughly  
\* rinsed with pure, soft water, then, if it be still necessary to administer a chemical agent, one may be selected that will, with these organs and tissues in better condition, work wonders. If you are so foolish as to allow yourself to become foul from head to foot, cleanse yourself with water before resorting to chemical aids.

Somehow or other the mass of even intelligent people, not to speak of the great mass of the ignorant, and I may add even my co-workers in the healing art, are not aware of the supreme want and worth of water for internal and external therapeutic purposes ; they do not realize how the stomach, the bowels, and the kidneys cry for it in their neglected and infected condition.

The stomach serves as a convenient receptacle to dump things into after the palate has been entertained and pleased — and about everything is swallowed but pure, soft water. As a rule the stomach takes very kindly to water. It is, moreover, not so piggish as to absorb it all and leave its surface in a foul condition, covered with ropy, slimy products of imperfect digestion. Immediately after deglutition of water, the stomach does just what it ought to do : its muscles contract and dump the contents of the stomach into the duodenum, where the principal act of digestion is accomplished.

## Assimilative and Eliminative Organs

As its name implies, the stomach (stow-make) is a receptacle made for the purpose of storing stuffs for nutrition. Here they are mixed and broken up somewhat, and then deposited in the second or real digestive apparatus—the duodenum. This latter organ requires water and organic fluids in liberal quantities for its digestive operations. Both organs need cleansing after they have finished their work, and the digestive and assimilative vessels require water, not only to convey the building material to their harbors, but also to eliminate effectually the worn-out tissues and the residuals of the digestive process.

It has been said that were man to discover heaven (a clean and healthy locality) he would at once convert it into a hell (a vile and filthy one). Man is possessed of an organism of whose constituent elements water forms over eighty per cent. The alvine discharges ought to contain the same percentage of water, if not more. The mucous membrane and skin, to be kept clean, soft, fresh, plump, moist, and free from odors, require their appropriate irrigation. Man may keep himself clean, both inside and out, by irrigating himself before each meal daily. The well-watered and well-washed body and brain constitute a heaven on earth for the indwelling spirit that needs these for its manifestation.

It does seem sometimes that man in his ignorance gets nothing right except to walk forward instead of backward. Even so, most likely he walked on

## Intestinal Irrigation

all fours for ages, judging from his progress to date, before he learned to walk on his hind legs. To-day we find him self-poisoned, auto-intoxicated, a gastro-intestinal neurasthenic. His bowels are filled and stretched with ancient feces and gases, and his stomach is burdened with undigested food and tenacious mucus.

The average man's scanty excreta from the bowels are dry, hard, lumpy, and foul, exhaling a noxious odor; and these excretions may be passed once a day, or once in two or three days, or with some persons too often, should diarrhea supervene. Two-thirds to three-fourths of the fecal mass is absorbed by the system every day; and this absorption is accompanied more or less constantly by symptoms of indigestion, biliousness, uric acid, and many other distressful conditions.

His breath and the exhalations of a garbage-can are much alike; in fact they are twins, the only difference between the human and metallic receptacles being that one is capable of walking and the other is not. Both manifest the same conditions.

His mucous membrane is covered more or less with catarrhal discharges, which result in granulated deposits, especially near the orifices. The skin is often sallow, dry, yellow, scaly, flabby. The hair is dry, non-oily, with a scaly scalp, and often there is a loss or total lack of hair. The teeth are decayed, the gums are found to recede, and the eyes, muscles, joints, etc., are more or less affected by calcareous deposits.



## Assimilative and Eliminative Organs

Man is seldom or never in a normal physiological condition. He is either obese or emaciated and lean. Most bodies are anemic and ill-conditioned, a prey to several ailments. Of course, civilized man uses drugs; he would not be civilized were he not to use on occasion a stimulant, tonic, sedative, narcotic, etc., and he has to keep in continual touch with a doctor, to take care of him by prescribing special diet, fasts, exercise, and what not for his numerous bodily infirmities. Generally these prescriptions are ineffective and leave him physically weaker and financially poorer, with the barren consolation that he has really tried everything under heaven that the wisest knew or that money could buy. Yes, indeed, he tries everything: everything but *water*—pure, soft, spring or distilled water. He never—like the flirt—“thought of such a thing”! Very few “humanals” think it worth while to irrigate themselves inside and out.

Victims of semi-ignorance, too, get things most abominably mixed. They are often half wrong and half right; hence they never enjoy good, sound, robust health and its blessings. Physiologically, these people are what old-time pastors used to describe as lukewarm—neither hot nor cold, neither good nor bad, neither dirty nor clean, neither fish nor fowl, neither one thing nor another. So we find them also complaining and looking for the fountain of health and strength, but not looking very anxiously—they are not interested enough in

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the matter. Whenever they possess an equal mixture of ignorance and laziness, there is not

much hope for them.

Note the position of the stomach in health, and how, by slight muscular action, it can free itself of its contents. When dilatation or displacement, or both, occur, the power of rapidly expelling its contents is diminished to the extent in which the change from the normal position and size takes place. I have found that, if there is a normal passing down of the ingesta and also of the feces, the stomach will perform its functions perfectly. Fear of "stomach trouble" is groundless if you keep the

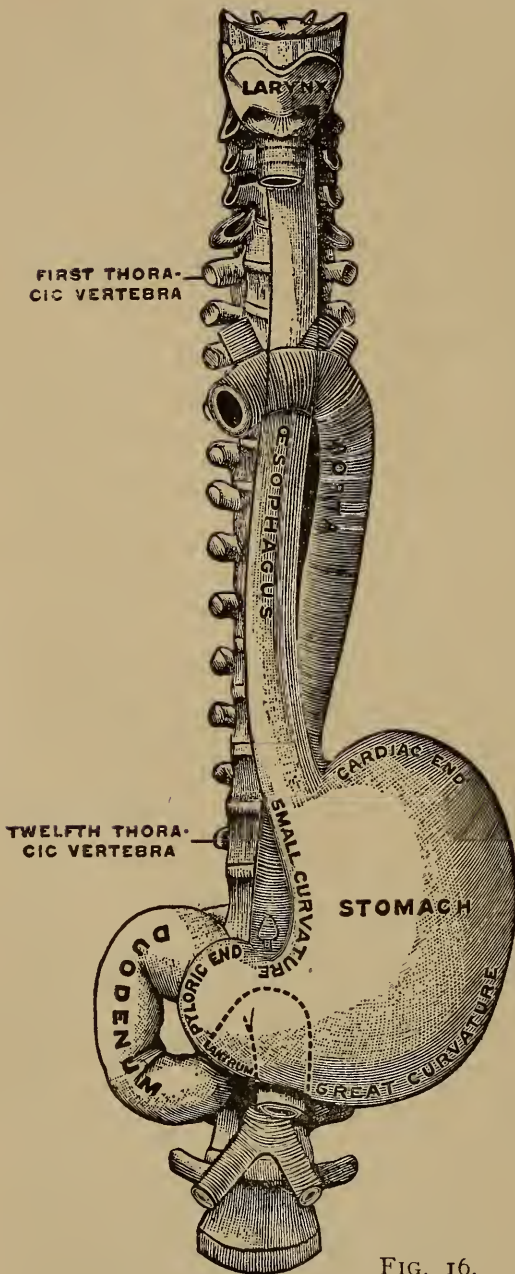


FIG. 16.

Esophagus and stomach in their natural relation to the vertebral column and aorta. (Gerrish.)



## Assimilative and Eliminative Organs

digestive and eliminative apparatus in good working order. But this requires that you must keep

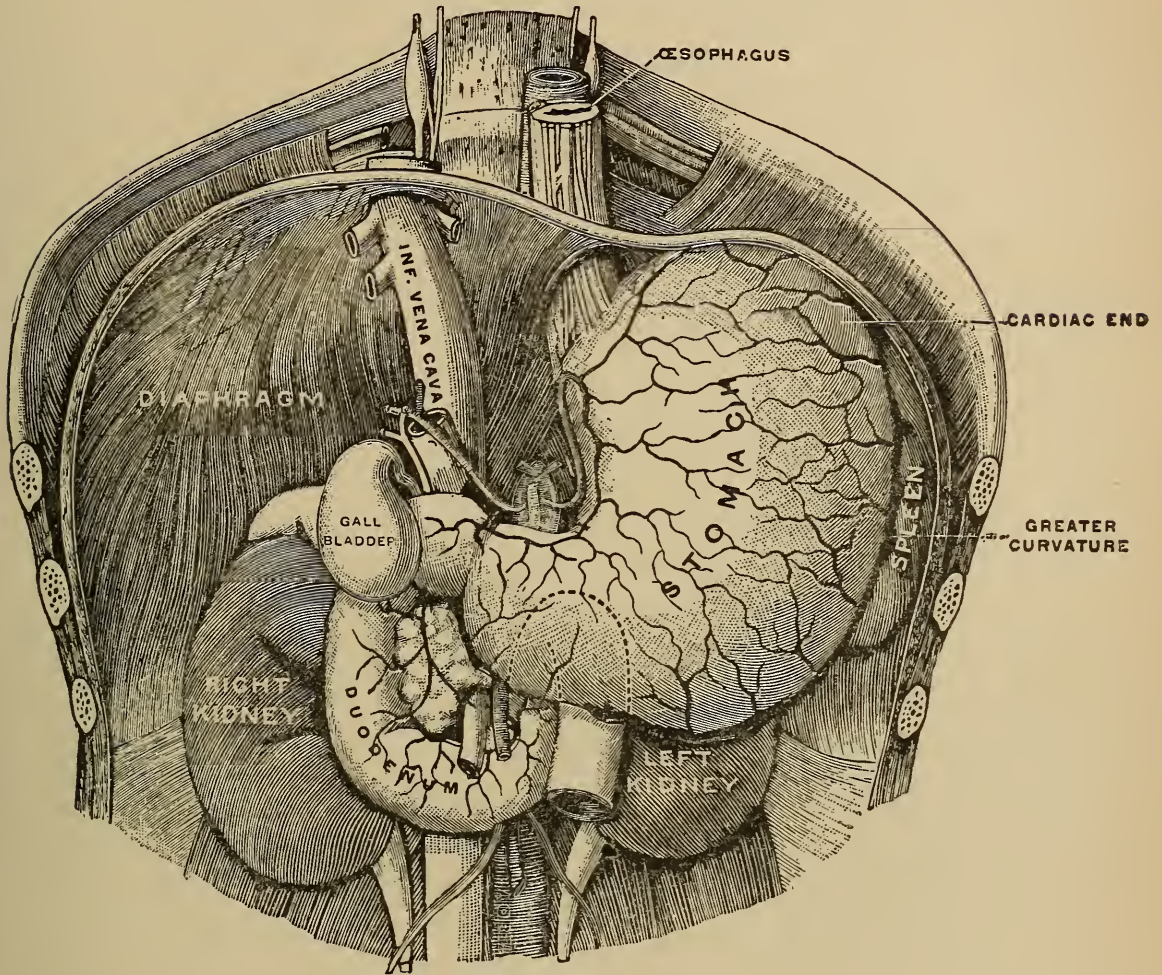


FIG. 17.

Stomach and duodenum—the liver and most of the intestines having been removed. (Gerrish.) Shows the anatomical relation of the stomach, duodenum, kidneys, diaphragm, and the large artery and vein.

them clean, and to do so you must drink plenty of water before each meal.

The organs are held in position by a ligamentous attachment and abundant fatty tissue, which serve

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as a connective cushion that furnishes aid in supporting the organs in their proper place. In chronic cases of self-poisoning, the victim, as a rule, becomes anemic and emaciated, and loses thereby the fatty support required by the organs. They are consequently apt to become displaced and the muscular tissue weakened, with the consequent pendulous condition of the abdomen often observed in both children and adults.

The clay-colored, flabby, obese, anemic victims may retain their worthless adipose tissue ; but they suffer quite as keenly as if they had lost it—from the fact that this tissue is impregnated with poison and filled with gas, and from the further fact that this abnormal tissue presses on the vital organs here and there as the victim wheezes or puffs along on his road through existence.

There is not the slightest doubt that nine-tenths of gastro-intestinal ills and their effects can be prevented or cured by thorough irrigation of the canal, from mouth to anus, if it does not itself perform the cleansing process three times in twenty-four hours.

## CHAPTER VIII.

### METHODS OF STOMACH CLEANSING.

LAVAGE is a term restricted to irrigation of the stomach—a term that has become more or less popular of late with physicians, but is not so popular with those who have to swallow a rubber stomach tube, or with the anxious mother or friends who are usually not permitted to be present on such occasions because of the disturbed and cyanotic appearance of the patient—an appearance produced by the introduction of the catheter. Much can be said, however, of the good results following irrigation of the stomach by the employment of the stomach rubber tube, and in a special class of cases its use is imperative.

But my purpose in this chapter is to advocate the drinking of water as the means *par excellence* for effective irrigation of the assimilative and eliminative organs, and to make it plain that this form of irrigation is essential for the preservation of health and the relief and cure of chronic inactivity of the principal organs of the system. Usually the drinking of water at regular intervals is sufficient; but in exceptional cases a generous drinking will result in a complete unloading, which can be ac-



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complished with ease and with little loss of time.

Should your stomach be actually performing its office, the suggestions I am about to give will, if followed, keep it sweet, clean, and in good condition, and will also flush all the tissues of the body as well.

The first duty on rising in the morning should be that of flushing the colon, as previously recommended, and flushing the stomach, as now recommended. Take one or two goblets of water (about eight ounces each) at a temperature most agreeable, which, however, should not be ice cold. An hour or half an hour later, during the breakfast, take one goblet of milk and water or two of water alone, when the mouth is free from food. About eleven o'clock in the forenoon, one or two goblets of spring or distilled water, at its natural temperature, should be drunk to cleanse the stomach, duodenum, kidneys, etc., and to flush the tissues of the body. At the noon meal one or two goblets, and at four or five in the afternoon a similar amount, should be drunk—the latter as a cleanser before the evening meal, at which about a pint or more is drunk to aid in emulsifying the food, as at the breakfast and noon repasts. As a rule, besides the amounts drunk at meal-time, there should be consumed as much as two quarts daily, and the best time for this is when the stomach is empty, or when it ought to be empty. At bedtime, one or more glasses may be drunk if one does not suffer

## Methods of Stomach Cleansing

from inconvenience from a full bladder during the sleeping hours.

One should make water-drinking a habit, like eating, sleeping, defecating, etc. Water-drinking should be performed at regular periods during the day. System is as essential for the harmonious working of the organs as it is for the relations of the departments in a business, or of the details of any particular department. The guide to the order and temperature to be adopted is *agreeableness*. Find out by experiment what is most agreeable and beneficial to you, and continue the practice with slight variations adapted to the changes of the seasons and the conditions of the system. There must, however, be some training done in most cases, and what is not agreeable at first may become so.

All persons suffering from proctitis and colitis and their symptoms, as described in the previous chapters of this work and in *Intestinal Ills*, will require, now and then, if not under treatment, special irrigation of the stomach to remove fermentative matter, particles of undigested food, and tenacious, ropy mucus before the next meal is taken. Otherwise the condition will be made doubly bad, for the fresh material is piled on top of the unduly retained contents of the stomach. As evidence of our civilization, we clean pots and kettles before the next meal. We even clean our fingers before, during, and after the meal. Teeth, mouth, and face get their proper cleansing. Why should we

## Intestinal Irrigation

suppose that stomach, duodenum, and kidneys, which receive all sorts of stuff, should remain clean without an occasional flushing? They need rinsing out after brewing the wine of life. The water drunk between meals not only cleanses the organs through which it passes but irrigates the whole system, keeping a normal amount of water in all the tissues, which is as necessary for the maintenance of health as is the due supply of water to the plant in your conservatory.

Observe the large percentage of human beings that are anemic, sallow, clay-colored, or white—a few obese, but the many spare, lean, gaunt—all of them expressing the disgust of the soul in having such an abiding-place. If all the organs and tissues of the body were kept flushed, what a fresh and inviting spot the soul would have for the cultivation here on earth of the arts of life!

Water is the wholesomest of all drinks. It quickens the appetite and strengthens the digestion. It is the most effective agent in the work of elimination—in ridding the system of waste material. Properly taken, it prevents the undue clogging of the organs and tissues, and tends to cure or relieve those that had become clogged, and it does this by washing away the substances for which the system has no further use, and which if they remained would poison it.

It is said that if water be drunk freely during a meal the gastric juice will become diluted or washed away. A similar objection is offered con-

## Methods of Stomach Cleansing

cerning the use of the enema. The horse, it is alleged, should have more sense than to drink from three to six gallons of water and almost immediately thereafter eat a peck or more of oats and a quantity of hay, for it ought to know that there is no room for food with such an amount of water in the stomach. If such objectors could but see the horse smile at such arguments—for it secretly knows that the water does not *remain* in its stomach, and that its gastric juice is naturally strong and needs dilution—they would stand aghast. Would we not be better off if we were not influenced by fool talk like the above advice to the horse, especially as regards our internal economy?

The stomach, like the freight station, can accommodate only a limited amount. Its contents must be rapidly dispersed, and every muscular contraction and every respiration gives it an impulse. Disease and lack of irrigation will occasion an accumulation or congestion of the contents in the gastro-intestinal canal, and then the victim of slow transit complains of indigestion, biliousness, flatulency, uric acid, and of many other ills. Your foul, furred tongue is a very good indication of the trouble below, so it is wise to examine it in the morning to learn your interior condition. Many persons scrape their tongue with a knife because of heavy coating and offensive odor and taste. Dyspeptics of this order need a thorough internal bath from above (*per os*) and from below (*per anus*).

Some that suffer from undue gastric retention



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and indigestion will find relief by flushing the colon and the stomach, as herein specifically directed. Others may find it desirable to start with a mild laxative and an intestinal wash-out with hot water in which some antiseptic or stimulant has been dissolved. The special stomach cleansing is accomplished by the rapid drinking of one tumbler of hot water after another, until a pint or more is taken into the stomach, or until a sensation of vomiting is felt, which may be encouraged by putting the end of the finger down the throat as far as possible or the end of a long lead-pencil wrapped in a little muslin. After as much of the contents of the stomach as is desired is thus cast forth, drink freely of water again, as much as you may think proper, which will be discharged into the duodenum. If this gastro-cleansing has occurred near meal-time omit the meal altogether, and in an hour or two drink as much water as is agreeable, to make sure of a thorough washing out of the erstwhile neglected receptacle—the stomach. This special washing out of the stomach may be repeated as often as occasion demands it. It frequently happens with some persons that an hour after a meal there is a hint that all is not well. This may be concealed or corrected by drinking a goblet or two of water, which practice will permit the brew to go on without further attention to the vat.

Water may be taken at all times of the day or night if occasion arises for its therapeutic effect in addition to its regular period of use. Usually

## Methods of Stomach Cleansing

physic, pepsin, soda, charcoal, whiskey, etc., are kept within reach, and are resorted to on such occasions with the thought that one or more of them will do the work. They will not, however, any more than red paint will act as an antidote to poor health by painting the cheeks with it. Water, hot water, especially when used plentifully, is the only solvent of dirt.

Very few realize how essential water is to digestion and to the digestive canal after the process of digestion is completed ; and that it has physiological effects on the system generally is less widely known. There exists a great natural demand for water to carry on the normal functions of the system ; for both atmosphere and heat draw moisture from the body, and a considerable amount is utilized in the processes of our daily work and in unexpected efforts. An organism composed of almost eighty per cent. of water requires a generous supply for subsistence — a supply equal to the expenditure of vitality involved in carrying on the numerous functions of body and brain.

Some day it will be discovered that water is mainly the element employed in psycho-physiological processes. Water is easily changed to air, and atmospheric air to water, in the system. The generous consumer of air and water will have a good stock of vital or of psychical force on which to draw for the process of thinking. A thinker is a creator, and he must be successful if his thoughts be rightly directed and he have an ample supply of liquid food — water.

## CHAPTER IX.

### WHEN ENEMAS SHOULD BE TAKEN.

METHOD is imperative in this strenuous life of ours. Nature in her universal operations seems to sanction a uniform system in our daily conduct. Had we a regular time for doing things, periodicity would be established in our sleeping, eating, bathing, defecating, work, recreation, etc. Unfortunately, we are prone to ignorance, self-indulgence, procrastination, which render us careless and reckless in regard to the common-sense conditions of normal living ; and before we are fairly out of our 'teens we begin to bear a crop of proctitis, colitis, constipation, etc.

It is in this way that periodicity as to stooling is lost, and whim, convenience, or necessity takes its place. As a result, we dribble or strain under the fecal and gaseous burden. This happy-go-lucky method accounts for much of the gastro-intestinal disorder complained of by so many, who "want to die" when the painful neurasthenic blues hover around and pervade their bodies like a dense fog.

The insidious manner in which proctitis, colitis, constipation, and self-poisoning progress from mild through medium to severe stages does not, gener-

## When Enemas Should Be Taken

ally, alarm the victim of intestinal neurasthenia until many years have elapsed, and one or more of the vital organs have become diseased, and the whole system is thoroughly under its toxic effects. Thus, slowly, are the various segments of the gastrointestinal canal changed to an abnormal condition.

Suppose the tissues of one of your arms and hands were inflamed, constricted, or swollen, and that the nerves of motion were uncertain, shaky, and "kinky," — all of which conditions we often find in the digestive apparatus, — and that finally recovery takes place under persevering and patient treatment; how soon, think you, could a sensible person expect the limb thus affected to become as useful as its companion that had never been disturbed by disease?

Unfortunately, we have not two sets of bowels. Ocean steamers are equipped with two sets of motion-producing engines, so that the disability of one will result in no loss of speed. When man places as much commercial value on himself as he does on his machines or on a boat, he will either induce Nature to furnish him with an extra set of energy-producing organs, or he will take the best possible care of the only one she vouchsafes to him — a care that extends from os to anus.

Civilized man does, indeed, take a little notice of a sore mouth (although indifferent about an unclean one), and will even try hard to have it heal, because a sore mouth may be *seen*, and is likely to disfigure him. But a sore anus and rectum may, for all he



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seriously cares, play their painful and poisonous pranks until he is put to bed disabled or is sent to an asylum — or to the final inn where all diseases of the body cease from troubling and the weary organs are at rest.

To re-establish that normal régime of physiological relations called health, after many years of perverse relations and disorderly practices, obviously requires time and intelligent, faithful attention to prescribed conditions.

The factors or causes that militate against the removal of curable diseases are :

(1) The neglect of a local disorder until it has had time to exhaust the general vitality of the system.

(2) Inattention on the part of the patient after he has obtained temporary or partial relief.

(3) The victim arbitrarily setting his own time limit for the cure of the disease.

(4) His wilful disobedience of prescribed rules.

(5) Inability to realize the importance of having the cause removed, as well as the local symptoms.

Confining attention for the present to proctitis and colitis, I wish to impress the patient, as well as the physician, with the fact that no better measure for relieving or removing these undermining disorders can be adopted than the regular practice, twice or thrice daily, of intestinal irrigation by means of enemas. The persistent use of the enema is directly influential in relieving and removing the symptoms of such disorders. These

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symptoms may be piles, prolapse, skinny tabs, fissure, dull pains, soreness, itching channels, stricture of the anus and rectum, ulceration, abscess, fistula, cancer, etc.

In the early history of ulcerative proctitis and colitis, the local symptoms at the anal vent may not be noticeable; yet the disease may be quite well developed for six or nine inches along the bowels. The early or more obscure symptoms are mild and unnoticeable; then they progress into notice, sometimes most sharply; finally we have severe and chronic constipation, indigestion, flatulency, diarrhea, etc., and, keeping pace with these, we have the stages of self-poisoning, which is known as auto-infection or auto-intoxication.

With other measures, the most effective for relieving and removing these symptoms of proctitis and colitis is the enema night and morning. During the long period of relaxation at night, the functions of elimination and repair are, with the great majority of us, going on under abnormal conditions—such, for instance, as excessive fermentation and bacterial putrefaction, which generate poisonous gases that are absorbed by the nerves and bring about the condition of *malaise* we complain of when we rise in the morning. We then find our bowels distended and ready for relief—and also, strangely, “not ready”!

Before dressing, therefore, is the time to relieve the excessive pressure from gases and feces, and a slight enema is accordingly advisable, say from

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half a pint to a pint of water, which should be expelled at once. This removal of the contents of the rectum and perhaps of the sigmoid flexure will permit the contents of the ascending and transverse colon to pass more readily toward and into the sigmoid flexure, as though they had been invited to come; and, indeed, such passage is rendered inevitable by the removal of the local gas and feces in their path. When half an hour or more has passed and breakfast is over, it is time for the regular and complete evacuation of the bowels, by the aid of the internal bath, or, as some describe it, by a full flushing of the colon.

In our early efforts to establish harmony and periodicity with the enema, it is advisable to resort to a mild vegetal laxative, in some cases, rather than to let the tongue indicate so much foulness and allow the feelings to become so intensely blue that they cannot be hidden by even the utmost effort at pleasantry. Extreme cases may call for different aids toward relief, until, one by one, these aids may be dropped—the last one to be discontinued being the enema.

For a short time at the start it is, perhaps, best to confine one's self to two enemas, especially if fairly successful with the attempt at a thorough cleansing after breakfast and before retiring at night. The sleep will be sounder and the patient will be more apt to rise refreshed with a clean tongue and cheerful spirits. So much will this before-bed enema do for him that he may soon

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find it unnecessary to take the preliminary injection on rising, inasmuch as fermentation and gas will no longer trouble him. But individual experience and intelligence must dictate the course in this respect. Let the patient study himself and note the demands of his system. It may even be, indeed it is frequently the case, that a patient requires several enemas during the day. When abnormality has set in, it gives rise to all sorts of freak requirements, and the victim must, for a time, accede to its whims.

Quite frequently, owing to various causes, the feces will descend into the rectum, which is properly a conduit, not a receptacle. While there it occasions much nervous irritation of the whole system and makes its victim desperate. It is wise, under such a condition, to take slight injections for relief. Never allow any foulness to accumulate. Establish the *habit* of internal cleanliness. The new sense of bodily purity will be so great that it can never be outgrown.

Nature easily accommodates herself to habits, whatever they be—normal or abnormal, wholesome or unwholesome, cleanly or uncleanly; and the train of consequences will be accordingly good or evil. My point may be easily illustrated by the habits of “civilized” man in regard to bathing. Many persons never take an external bath, and are not conscious of any bodily discomfort arising from the omission of this presumably necessary practice. As the summer approaches, another batch



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of "civilizees," so fortunate as to be within convenient distance of a pond, lake, river, or ocean, begin to feel the real need of a "dip," and are uncomfortable until they get it. This is surely a sign that the spirit of cleanliness is beginning to stir in the breast of humanity. Then there is another contingent that bathe once a week, and should their regular routine in this respect be interfered with they would at once feel unclean—nay, even dirty, and, sometimes, "nasty." Others, again, bathe twice or thrice weekly, and this quota of the human race feels very uncomfortable and foul when hindered for a week from following this routine; indeed, such bathers often imagine that a dire illness is impending. Finally, the "salt of the earth" take an external bath once or twice a day, and, should *their* routine be suspended for twenty-four hours, visions of madness or suicide begin to haunt them until relieved by soap and hot water, or the cold plunge, as their habits require.

Of course, the same rule applies to the routine concerning the teeth, facial ablutions, etc. Nature is stored habit, and she feels outraged when her proprieties are disregarded. Let us pray, therefore, that the habit of cleanliness may become contagious!

Now, the parallel between external and internal cleanliness is quite obvious. Those whose bowels move but once in two or three days do not realize how foul they are. Others have a scant evacuation once in twenty-four hours, and they imagine

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that they are as clean as those that take an external bath once a week think themselves to be. Still others have two stools daily, and they feel as clean internally as those that take three external baths weekly. And, finally, there are a few who, defecating thrice daily, feel quite as clean as does the most persistent external bather. Thus we see that cleanliness, external and internal, is a habit, a new nature, attended with exquisite comfort and pleasure—a quality that may lead to the goal of divine purity in realizing the joys of hydropathy.

The wild woodland flower grew and blossomed without attention, attracting but little interest. After, however, the florist has cultivated it to the high stage of development in which we find it to-day, with its stalk, stem, leaf, and fragrant petals displaying their marvelous symmetry and beauty, we begin to appreciate the value of labor, pains, cultivation. In like manner, it is our imperative duty to give proper care to every requisite detail in the transformation of our body into a human flower of health, grace, joy, and harmony.

The great majority of those that do me the honor to read what I have to say on internal and external cleanliness will, doubtless, not agree with me as to the frequency of the ablutions in twenty-four hours. Yet I have a suspicion that if my objectors were to try an external and an internal bath, on both rising and retiring, they would soon consider the practice too delightful to be foregone; they would soon develop more sweetness of char-

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acter and be more particular as to the purity of their nether garments, and, finally, would seem ensphered by an atmosphere peopled with angels.

My proposition is this : First make a man clean, internally and externally, and thus you may make him good ; after you have made him good you can make him healthy in both body and mind ; after you have made him healthy you can make him full of joy.

To recapitulate : A good time to take your internal bath is about half an hour after each meal. Cultivate regularity in this, and Nature will second your efforts and establish a periodicity for you by her suggestive impulse and call. Our internal economy should not be slighted as it has been. The intestines are good, faithful, patient servitors, ready to perform their lowly office even when we are inattentive and heedless. Sometimes, however, they become rebellious, after they have stood more abuse than one would think them capable of standing. Let us reform our bad habits ; our servitors are willing to enter with us into better habits, and co-operate with us in a truly human life. Can you not spare a few minutes, three times a day, at *regular periods*, for inner purification ? You will find it very easy when once you make it a matter of routine.

Now note this point : The work of your brain depends on the power sent to it by the gastrointestinal canal. A motor car goes no faster than the power furnished enables it to go. So your

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brain activity is ever on a par with the energy supplied from this usually despised intestinal source; that is, it can never rise higher than the supply of this energy warrants, and it always falls to the level of this supply, for it depends on it absolutely for sustaining power. It would seem, therefore, that common sense would be sufficient to shame us into keeping clean, scrupulously clean, the canal that supplies us with working force—the canal that extends without a break from mouth to anus. Yet my experience shows that almost everybody cares more for his outsides than for his insides—more for squandering his stored energy than for looking out for its constant renewal—and that most patients are foul all the way down.

Well-fed animals that have the range of Nature are plump, and have healthy hair, skin, teeth, etc., because their intestinal organs perform their functions frequently and fully. When animals become domesticated and “civilized,” they become constipated and catch various human illnesses or grow a crop of their own. Well-fed “humanals” grow thin and puny, or bloated with gas, looking like corpulent clay men, without natural teeth, without natural hair, their skin dry and of a sickly hue, bloodless, fading away because of an early blight before they have completed their early growth. Heredity is blamed for the bloodless, nerveless, brainless body, when, as a matter of fact, its degeneration is due to foulness within.

Birds, beasts, and savages (more fortunate than



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civilized man) have the wide earth on which to stool when Nature calls. Their handy water-closet enables them to enjoy good health. As civilization advances, and business and social customs become more complex, water-closets get fewer and less accessible. As a consequence, man has to use his large intestine for a storehouse. He has done this so long that it seems impossible to break him of the foul habit. But he is paying the penalty. Many have abused the bladder in the same way, and had this been a large organ like its brother, the colon, we would long ago have heard the stereotyped excuse in regard to this function, "Oh, any time to urinate that I can find will do." Those who object to the new order of bowel relief should, on the same principle, object to frequent bladder relief.

I submit this proposition to the judgment of unprejudiced minds: Is it not reasonable that so harmless and efficient a remedy as the internal bath should be adopted by all intelligent persons? Inasmuch as neglect—due to social, business, and other customs, and to lack of conveniences for ready relief—has brought upon us so much fecal poisoning and local disorders and so many abnormal and pernicious systemic results, it should not be considered too great a task to take an internal bath three times a day to amend our outrage on Nature—an outrage that involves our health and general well-being, here and hereafter. We owe it, not only to our possibilities, but also to poster-

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ity, that fecal poisoning be banished. We have no right to communicate such a taint to our children. They have a right to be free from such poison. Do we ever think of their claims in this regard? Let us leave them a better legacy, by adopting the thrice-a-day use of the enema for the purification of the alimentary canal !

## CHAPTER X.

### HOW ENEMAS SHOULD BE TAKEN.

#### METHODS OF INTESTINAL IRRIGATION.

A SATISFACTORY appliance for taking an enema should possess the following features : capacity, adaptability, convenience, cleanliness, durability, and sufficient external anal and water pressure to effect a thorough flushing or an agreeable vaginal injection while one is in a sitting position over a water-closet bowl.

There are several postures in which an enema may be taken. For those physically able, the most convenient, cleanly, and comfortable manner in which the thrice-daily inner bath may be had is the usual upright position on a water-closet seat. For those not physically able to sit upright, or for those that are not up-to-date and still adhere to the use of the fountain or the bulb syringe, the best method is not the usual sitting position, but the recumbent one. They are advised to lie on the right side, or on the back with hips raised. As a rule, a water-closet room is too small for reclining purposes, and, besides, the necessary rubber sheet and toweling convenience may be absent. Another drawback to

## How Enemas Should Be Taken

lying full length for the purpose of flushing the colon is that with short arms and the lack of *external anal pressure* there is apt to be an escape of water and feces around the anal point, necessitating much cleansing, considerable annoyance from nasty odors, and an irritating waste of time.

Various devices, advertised as great inventions, have been resorted to for the purpose of overcoming such malodorous and uncleanly incidents. Among them is one that may be described as a colon tube, ranging from nine to eighteen inches in length, which can be attached to a fountain or a bulb syringe. The tube is usually of flexible rubber, *colored red* to hide as much as possible the cumulative evidence of saturated filth and bacterial poison, the presence of which a white tube would betray too readily.

I fail to see the necessity of introducing a rubber canal of such length into an intestinal channel five feet long for the purpose of "cleansing" the latter. The project lacks common sense. What a ridiculous practice—to worm or bore a hole through the impacted feces as you work your tube upward, then to squirt a little water into the middle of things, or as near to the middle as you have managed to get with a tube that will persist in bending on itself, and then to withdraw it covered with liquid filth! What folly to put a canal *into* a canal—the one inserted being one-fifth the length of the one to be cleansed! Is not the original physiological channel good enough to convey the antiseptic water



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or oil, or both? Why not have the rubber canal five or six feet long if *one* foot is so essential?

We should remember that ulcerative proctitis and colitis have made the use of the enema a necessity; that, accordingly, the diseased, constricted gut or canal must be treated very gently and not irritated in any avoidable way. The least irritation will result in still greater muscular contraction. It stands to reason that the effort to reach the healthy portion of the bowel with a slightly flexible colon tube frustrates its own purpose, and that it is besides a source of serious and unnecessary irritation. While this rubber tube is being forced up one's bowels it often becomes lodged here and there in the valves and folds of the mucous membrane. It has been found that the effort used to dislodge it sometimes results in a doubling of the tube on itself in the form of a knot, and that the end first introduced comes back to the anus waiting to escape with the next push! We need not argue that this forced looping and knotting of the tube is very injurious to the diseased intestinal region, and that no one would care to introduce it two or three times a day.

Does not common sense suggest that the rational way is to open the bore of the alimentary canal by beginning at its *end*; that *liquid* should be applied directly to the first feces encountered, and that as this impacted mass is removed the progress should be successfully upward? The liquid as it enters dilates the channel, and as it passes on and up it

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eventually gets beyond the diseased section of the bowels. Here, by a gentle and soothing dilatation, we create at once an impulse in the imprisoned feces and gases to descend and escape. What other method is so kindly, and yet so effectual? We avoid, by this means, irritating the diseased and constricted muscular canal; whereas by the tube method we occasion still greater contraction, the inflamed surface having a tendency to contract and close tightly over the tube. The flood of liquid dilates the canal; whereas the forced rubber tube, by irritation, contracts it. Besides, as has been pointed out, the conduct of the tube working in the dark is most uncertain.

Suppose the rubber tube does finally reach the section of the colon free from inflammation; that its passage thither has greatly increased the spasmodic contraction of the diseased portion of the gut, and that, of course, it had great difficulty in circumventing the resistance offered by the valves, curves, and short bends—suppose all this, and an idea of how the contents of the bowel above the diseased zone are imprisoned will dawn upon you. For, after the tube has reached this point of impaction, the distention there is most unduly increased by the sudden gush of water, and, what is of still graver import, the presence of the tube prevents its return flow. Then as the object is being removed the watery feces following closely after are impeded by the increased irritative contraction set up by the tube.

## Intestinal Irrigation

In short, this greatly extolled colon tube subjects the region of proctitis and colitis, as well as the healthy section, to just such objectionable procedure until the amount of water injected becomes so extremely large that a means of escape is irresistibly produced by the great pressure above. Is it wise treatment to irritate the diseased portion of the bowels, and to distend still further the healthy portion above, in order to get rid of distention due to feces and gases? Without increasing the danger by injecting water into the already unduly distended colon by the use of the tube, the imprisoned feces and gases of themselves alone have been known to exert sufficient pressure to occasion prolapse of the sigmoid flexure into the rectum or undue displacement of the organ. Surely it were better to get rid of the imprisoned contents by removing them from near the vent and working one's way gradually upward than to add more to the store and burden, which only causes unendurable excitement and fierce demands for relief.

The rectal enema, taken in the rational way, simply dilates the portion of the gut that is morbidly contracted—a procedure that is very beneficial and should be continued just so long as any remnant of the inflammation remains in the tissues. Kindly treatment is essential, because ulcerative inflammation is an irritable condition and tends to contract the muscular tissue at the slightest touch of a foreign substance. What, I repeat, is more

## How Enemas Should Be Taken

kind and soothing than antiseptic water mixed with oil?

Advocates of the colon tube assert that water entering the lower portion of the rectum will occasion ballooning of this portion of the gut. After an experience covering twenty or more years, I am in a position to say that there is absolutely nothing in this objection—that water used in this way cannot produce such a pathological condition. Ballooning of the lower portion of the rectum is occasioned by *impaction of feces*, which remain lodged often for weeks or months at a time in this locality. Whatever dilatation the use of the enema may transiently produce would be only healthy exercise for the diseased organ. An instrument is frequently used properly to dilate the more or less contracted canal above and below the distended pouch for a distance of from six to ten or more inches. Nothing but good results can follow the proper use of the enema two or three times a day in all forms of local disease of the anus, rectum, and colon.



## CHAPTER XI.

### THE INTERNAL FOUNTAIN BATH.

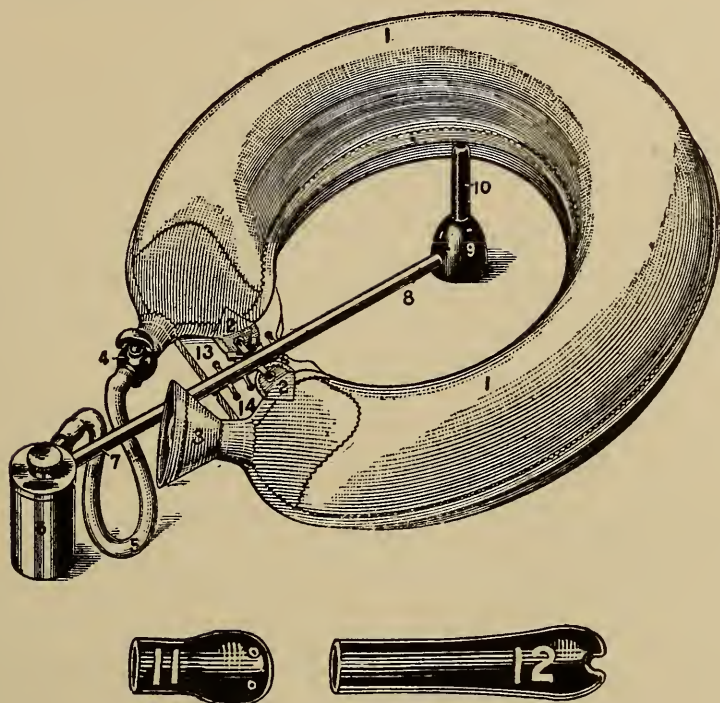
#### THE AUTHOR'S UNIQUE INVENTION.

THE author has searched the markets of the world for suitable apparatus for intestinal irrigation, so that he, as a specialist in this line and in anal and rectal diseases, could recommend it to his patients. None of the appliances to be had, however, quite answered the purpose he had in view. All of them had some drawbacks. Owing to this fact, after much experimentation he has invented an instrument that is herein fully described to show its serviceableness. Were this volume to be issued without this description, the author would be inundated with interrogatories concerning the best instrument to be employed by its readers, or whether the appliances they have on hand would answer the purpose. As the object of this book is practical, not literary, it is not out of place, the author thinks, to describe the invention and its unique serviceableness, as well as its special adaptability for the tri-daily employment of enemas.

The instrument is known as "The Internal Fountain Bath for Home Treatment." The following

## The Internal Fountain Bath

illustration gives a very good idea of its construction and merits :



(Patented December 23d, 1902.)

FIG. 18.

1, 1, the circular soft-rubber water-bottle ; 2, 2, ribbon holding two ends of the water-bottle together ; 3, funnel for filling ; 4, hard-rubber stop-cock or shut-off ; 5, soft-rubber tube ; 6, reservoir for remedies ; 7 and 8, metal handle ; 9, anal cone-shaped support ; 10 and 12, anal points ; 11, vaginal point ; 13 and 14, folding support for Internal Fountain Bath.

The Internal and External Fountain Bath, with its support, simply duplicates the usual water-closet seat. It can be placed on an invalid's chair, on a night stool, or, if there is nothing better at hand, over a tin or earthen vessel that will serve the purpose of holding discharges from the bowels or the vagina.

## Intestinal Irrigation

### *Features and Uses.*

Both physicians and laymen (men, women, and youths of either sex) will find the Internal Fountain Bath superior to anything on the market for use in taking an enema. It is the latest product of science, not only for flushing the colon, or taking an internal bath, but also for vaginal injection. It is equally serviceable as a hot-water bottle, water-cushion, foot-warmer, air-cushion, pillow, and invalid seat.

### *Water Capacity.*

The Internal Fountain Bath holds five quarts of water, which is quite sufficient to meet the requirements of various complicated cases requiring generous use of water, while others who are not addicted to the cleanly habit will have water beyond their individual needs, but they can regulate the supply in accordance with their wants by following the instructions set forth in this chapter.

### *Adaptability.*

For the first time in the history of civilization, an enema may now be *completed* without changing one's seat. All that is necessary is to place the Internal Fountain Bath on the seat and to adjust it to the spatial dimensions afforded to suit one's convenience. By simply changing the *point* a vaginal injection may be taken.

## The Internal Fountain Bath

The external pressure against the anus may be regulated at will.

No complicated instructions are required to enable the user to convert the apparatus into a seat, cushion, or pillow, or to fill it with air.

In applying it as a hot- or cold-water bottle, it can be made to encircle the head, neck, arm, body, or leg. It can easily be placed under a bedridden patient, the enema thus being accomplished with ease. The nurse can sit on the Fountain Bath while administering a vaginal injection or enema to a patient. Occasion might occur where it would be most advantageous to use the vaginal point for taking a rectal enema. By simply untying the ribbon and hanging the Internal Fountain Bath on a support by the funnel end, one may have a fountain syringe of much merit.

By detaching the soft-rubber tube (5) from the reservoir for remedies (6), any of the usual rectal or vaginal points in the market can be attached to the soft-rubber tube, and an injection or enema can be administered if most advantageous to do so under certain circumstances.

### *Convenience.*

This scientific device can be used without assistance. It has one feature, moreover, that renders it unique among rectal appliances — namely, that you may take a number of rapid injections without changing your seat. You may inject a small quantity of water (from two to four ounces), and expel



## Intestinal Irrigation

it immediately ; then you may follow with a larger amount (from four to eight ounces), and expel that also ; after which the flushing of the colon — a complete internal bath — may be effected, using from one pint to two or more quarts. In this way, thorough *depurating* results may be obtained. The one, two, or three preliminary injections of small quantities free the lower bowel of feces and gases, which otherwise might be forced by the flushing process backward into the colon. With the Internal Fountain Bath it is not inconvenient, as it is with other syringes, to take preliminary injections before a sufficient amount is taken to flush the bowels. After the flushing, the rectal and anal canals can be easily cleaned, as can also the integument about the anus and buttocks, by letting the jet of water from the anal point play on these parts.

All the necessary movements of the point are easily made with the *handle*, which projects between the limbs in front of the toilet seat. The point does not injure the rectum, which the unnecessary length of the ordinary syringe endangers. Points in common use are usually from two to six or more inches long, and are also too often apt to be in a septic (poisonous) state.

### *Cleanliness.*

The medicine receptacle (for holding depurant remedies when such are needed) and the handle are constructed of metal. To the handle is attached a cone-shaped piece of hard rubber or metal for

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securing external anal pressure and for holding the anal point, which latter is detachable and easily kept clean. The anal point, having but one straight channel and outlet for the flow of water, may be kept aseptic (non-poisonous) with slight care; a much-perforated, hard- or soft-rubber anal or rectal point becomes quickly septic—therefore dangerous. The handle is of sufficient length to obviate either soiling the hands or impregnating the clothes with odor. This syringe affords a clean toilet seat when one is away from home—a most important precaution. It also obviates the danger of wetting or soiling the floor of the toilet room, or destroying the high polish of the woodwork of the toilet seat. Antiseptic oils, powders, tablets, or liquids may be used in the metal tank attached to the handle for that purpose.

To bring away a quantity of feces does not exhaust the purposes of the enema. The intestinal channel requires further cleansing, especially the rectal and anal canals and the external parts around the anus. By playing a jet or spray of water upon the anus as you finish the enema you avoid the uncleanly practice of using toilet paper as a means of external cleansing after stooling. It is strange that otherwise cleanly people are content with bestial treatment of these parts. They imagine that toilet paper will effectually remove the excrement and the odor. They would not think it sufficient thus to cleanse their *hands* if soiled by excrementitious matter. It is the old story of “out of sight, out of

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mind," and of letting any makeshift in such a case answer. But the spirit of cleanliness is abroad in the land, and the Silent Club of the Cleanly is being formed through just such agencies as that of the Internal Fountain Bath. Many have doubtless longed for a better practice but did not know what to do. The toilet-paper habit will pass, with the once-a-day habit of stooling and the constipation habit, for all three are uncleanly in the extreme.

### *Durability.*

The metal and hard-rubber portion of the Internal Fountain Bath ought with care to last a lifetime. The soft-rubber portion is made of the very best material and by the most skilled workmen the country affords, and may last for several years if properly cared for.

### *External Anal Pressure.*

This is of very important assistance in flushing the colon, as it aids in preventing the return of the injected water and thereby promotes its conveyance along the colon until it arrives at the region of the surgically famous vermiform appendix. It is not strange that both ends of the large intestine—the anus and the appendix region—have kept the surgeon quite busy, and, I may add, the undertaker and the lawyer likewise. These two ends are of extraordinary concern, because they manifest intense symptoms and pathological consequences ;

## The Internal Fountain Bath

for modern medical practice is the heroic treatment of symptoms and consequences, and not patient search in the system for the *cause* of the disease, and the sensible treatment of *that*, as explained in my treatise on *Intestinal Ills*.

### *Water Pressure.*

A generous amount of water pressure is obtained by sitting on the Internal Fountain Bath. It is most essential that there be a full and free supply. What more rational than the use of your own weight to generate the force of the flow? The usual position on a water-closet seat is consequently the rational position for taking a flushing treatment, and with this object in view the Internal Fountain Bath was invented.

The water pressure and the volume and force of the flow are under perfect control through the manipulation of a hard-rubber stop-cock or shut-off. The user is enabled thereby to gauge the flow of water to a nicety.

### *Time Required.*

The time required for taking an internal bath—that is, for a complete flushing of the bowels—will vary in individual cases. After removing the local deposits in and near the rectum by one or two rapid injections of very small quantities of water, two to four quarts are taken into the intestinal canal at one time, and this constitutes the enema proper. Now, many persons will find it advantageous to let



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the flushing water enter very slowly, taking from two to five minutes, or even more. With some, if the water is allowed to flow in very rapidly, the various segments of the rectum and colon may not readily accommodate themselves to the inflow, and will too soon make an expulsive effort, returning the water before it has dissolved the feces or united with them, thus defeating the object sought through the enema. With other persons, however, the flow may be as rapid as desired. The speed must be left to individual judgment and experience.

### *Temperature of Water for an Enema.*

The chief purpose of an enema is to produce depuratory results ; that is, to remove morbid matter from the bowels and then to cleanse them. To accomplish this effectively and at the same time to avoid exciting an increased flow of blood to the diseased gut, the water should be about the normal temperature of the body, which is about  $98\frac{1}{2}$  degrees. Water too hot or too cold will aggravate the sensitive, inflamed surface ; and, as it is this very inflammation that causes the abnormal action of the bowels for the relief of which the enema is taken, the temperature of the water is most important. If it range between 90 and 105 degrees it will do, for within those extremes it will not be likely to increase the existing chronic engorgement of the tissues. Under no circumstances should very hot or very cold water be used for the removal of fecal accumulation. Physicians so incompetent as to

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make a wrong diagnosis of the cause of chronic constipation and its numerous symptoms often prescribe a wrong treatment in the use of water. From two to ten minutes' use of very hot or very cold water in cases of proctitis and colitis will only increase the chronic engorgement of the blood-vessels and tissues and increase the morbid symptoms. When water is applied to the mucous membrane anywhere throughout the body, I use it hot exclusively, as that temperature has then certain advantages over cold. In the chapters treating upon the different uses of hot water, I give the hydrotherapeutic action of such liquid on the tissues of the body.

### *Quantity of Water to be Used.*

The quantity of water to be injected into the colon at one time must vary in each case and also on each occasion. In the beginning of its use and for some time following, a greater amount may be required than will be necessary when, with its continued use, a better action of the bowels becomes established.

In cases of chronic constipation and semi-constipation, the kidneys, lungs, mucous membrane, and skin eliminate a daily accumulation of feces from the system equal to two-thirds or three-fourths of the amount of normal feces. This accounts for the frequency of chronic disease of these organs. To establish a new régime in the mode of fecal and gaseous elimination requires much time and pa-

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tience in the use of the enema. Nearly all persons can take the enema with comfort and satisfaction. Now and then, however, there is a person who finds it a little troublesome to inject over a quart of water at one time, while most persons can inject over four quarts without inconvenience. I would advise patience and perseverance on the part of those who find it irksome to inject a sufficient amount thoroughly to cleanse the colon, or the portion thereof involved in undue accumulation.

Enough water should be injected to bring away what would constitute the normal amount of feces to be passed at a regular stool. Gradually, as the practice is established by the use of the enema twice or thrice daily, it will be easy to determine the proper amount of feces to pass. And note this fact: it is just as easy to establish the habit of three evacuations in twenty-four hours as of two or one.

Whenever the amount of water injected proves sufficient at any time to bring away all the feces that should pass, it is not necessary at that sitting to repeat the dose, except it be for subsequent cleansing, as a sort of gargle. No possible harm can come from the generous use of the enema during a lifetime; indeed, its constant use will prolong life and make it more comfortable.

## CHAPTER XII.

### BENEFITS OF THE INNER BATH.

I SPEAK from clinical observation with the use of various rectal and colon specula, of which I have over fifty. I have watched the progress of cases that were using the enema twice or thrice daily, and of cases that were also using the intestinal recurrent douche, which latter required an hour's continuous application of hot water, and I know, therefore, whereof I speak when I affirm its salutary effect both on the local organs and on the general system.

Many that write about the use or abuse of the enema have never seen the mucous membrane of the rectum and colon. Most of what is written on the subject is worthless. The author of this book writes from the accumulated experience of daily examinations with specula for a period of over twenty-three years. Had he merely used his fingers or hand for making rectal examinations, or had he contented himself with prescribing for symptoms reported by the sufferer, his views and opinions as to the use and benefits of the internal bath would have been on a par with those that, by the old methods, make futile efforts in diagnosis and treatment.



## Intestinal Irrigation

Some good souls now and then become oversolicitous as to the matter they should pass when their bowels are already empty, and they feel alarmed if the enema fails to produce an evacuation. Such timid ones should remember that what they cannot accomplish at one time and with one attempt they may at the next, and that thus slowly the new order of fecal elimination will become established. It takes time and patience; but is this cause for apprehension when diagnosis, treatment, and means of relief are right? I claim that flushing of the colon is the best means for removal of the consequences of proctitis and colitis, and that it should be employed by all that have these chronic ailments. Let them get relief for the *symptoms* at once and in this rational way, after which let them seek scientific treatment for the ailments themselves; for, sooner or later, they will be compelled to seek it by the severe complications that will inevitably set in.

### TRY SCIENTIFIC AND PRACTICAL MEASURES.

Some persons find difficulty in estimating—or think they do, which in most cases is nearer the truth—the amount of water they can inject at one time, when it would work a great relief to their bowels were they able to inject from two to four quarts. It is half the battle to know your efforts are rightly directed; for, when you are defeated, you will try a thousand and one changes—an ex-

## Benefits of the Inner Bath

periment first with one element of the difficulty and then with another. You will experiment with the temperature, with the speed of flow into the rectum and colon, with intermittent flow, etc. Be a little scientific and original in this matter, I pray you, *and know no defeat!*

As to the intermittent flow, the following way may be found judicious in some cases: Take in just sufficient water—a few ounces perhaps—to provoke an evacuation, and proceed till you have taken half a dozen or more. After this you can take a greater quantity for a washout. But this is not exactly what is meant by the term “intermittent flow.” It means that you may make the experiment—if you find it difficult to fill up after ridding yourself of the local accumulation—of turning off the stop-cock for a moment, thus giving your bowels a slight rest, and then turning it on again, alternating in this way for some minutes. Many little devices of similar utility will suggest themselves to those who know no defeat. Remember that, now that you are in serious trouble, it is not the easiest thing in the world to get out of it.

Should your stomach raise objections to the enema, change the time. If abdominal pains are severe, change the temperature of the water and the time and manner of injecting it. In other words, do something different, but be determined to conquer and take the internal bath at proper periods every day.

## Intestinal Irrigation

### LIBERATING THE WATER.

Some persons who find no trouble at all in taking a large quantity of water have much difficulty in expelling it, or rather in expelling all of it at once. Various methods may be resorted to to liberate the retained water. One is to inject a little more, as a provoker, when all will escape without further difficulty. Another method is to resort to various motions of the arms and body. Some find relief by raising and projecting both arms together slowly, and then stretching and holding them aloft for a few moments. Other methods are: to twist the trunk a few times, to walk up and down a little, to bend forward and backward, etc. Still another method is to massage the abdominal walls, beginning at the ascending colon (see Fig. 12), passing upward to the left along the transverse colon, and then downward until the lower portion of the sigmoid flexure is reached. When beginning the massage, one should use stroking movements from right to left over the entire surface, and then go over it again with rotary strokes. Some may find it advantageous to knead the abdominal muscles, gradually reaching the deeper parts as the air is expelled from the lungs, which expulsion may change the position of the various segments of the intestine and thus afford an opportunity for the feces, gases, and water to escape. Before rising in the morning and retiring at night, it will be found advantageous by some persons to spend about ten

## Benefits of the Inner Bath

minutes in making the three kinds of manipulations described. It is an excellent practice for every one to lie flat on the chest and abdomen and draw in several deep breaths just before rising. This exercise will strengthen the muscles of those parts and benefit the internal organs as well.

### THE ENEMA AS A PERMANENT PRACTICE.

In the effort to restore the long-abused bowel to its normal functioning by the use of the enema and massage, there may be, in the beginning of such treatment, an exceptional case in which a mild laxative is indicated as the desirable thing, rather than that a furred tongue and base bodily feelings shall evidence too much foulness all the way up to the mouth.

The enema, of course, constitutes the chief means and mainstay of relief from obstipation of the bowels, and one by one the other aids are to be omitted. Moreover, when the time comes that the bowel is freed from the disease that occasioned the occlusion and obstipation,—that is to say, when the bowels evacuate themselves naturally three times a day,—then the enema itself may be omitted, or it may be continued without harm by those whose sense of cleanliness would induce them to keep up the practice in preference to the uncleanly habit of using toilet paper as a partial means toward cleanliness. Surely there is no harm in substituting a better habit for a worse one—one, moreover, that



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we should be ashamed to continue ! As no one would think of cleaning his soiled fingers with toilet paper, as already said, so no one with any real sense of decency will continue the attempt to clean his anal orifice with such material when he has learned a better and more effective way. Likewise, after having learned the rational mode of relieving the surcharged bowels, no wise person will continue the use of physic, coarse food, gymnastic exercises, and other futile and foolish practices as remedial measures for intestinal ailments.

No one suffering from proctitis and colitis can have a clean and healthy sigmoid flexure and rectum unless these be kept clean by the regular use, three times a day, of the enema. From the day when the disease invades these parts there is and will continue to be a clogged, plastered, or incrustated passage for more or less of the entire length of the colon. This must be so in the nature of things, since these organs are unable to perform their functions while the disease is present. Just think of possessing a filthy, congested intestinal canal, without one day of real cleanliness for twenty, forty, sixty, or more years ! It is not the easiest thing in the world to cleanse this channel even by the use of the enema ; for the ancient contents refuse dislodgment even after repeated flushings, and it is only after many days of persistent and patient irrigation that the intestines are freed.

Some persons are apprehensive as to the quantity of water the large intestine will hold with

## Benefits of the Inner Bath

safety. Let me reassure them. It is capable of holding about three gallons without too great distention. One-third of this amount, however, is quite sufficient to bring away the accumulated fecal mass, and in many cases a much smaller amount will answer the purpose—especially when, as advised, it is used two or three times within twenty-four hours. After a thorough evacuation, water should be injected one or more times until it returns clear and free from fragments of feces.

If I were asked to name the greatest curse parents could inflict upon their helpless offspring, I would say *fecal auto-intoxication*. A large volume could be written on the subject, and I trust the hints here given will lead to discussion of this grave matter.

## CHAPTER XIII.

### OBJECTIONS TO THE USE OF THE ENEMA ANSWERED.

THE privilege of raising objections belongs to the ignorant as well as to the intelligent. But the objector is under as great obligations to state his reasons as the advocate.

The first plausible objection to the use of the enema is that it is not natural.

Admitting this charge, I would say that, inasmuch as proctitis, colitis, and constipation are unnatural, the use of a preternatural or, in other words, a rational means to overcome the consequences of these diseases is imperative. The enema is such a means.

Can any one that suffers from proctitis, etc., have a natural stool? Unnatural conditions require preternatural aids, as we all know. The injected water dilates the constricted portion of the gut and arouses a revulsive impulse to expel the invading water. In obeying this impulse, the imprisoned feces, gases, etc., are ejected with the water.

It may be unnatural to put water into the rectum, etc., but once there its expulsion from healthy bowels would be quite natural. No natural action can be expected from unhealthy bowels; they do

## Objections Answered

the best they can under the circumstances. Eyeglasses, false teeth, crutches, etc., are unnatural but invaluable aids, but no more so than is the enema as a means of relief from overloaded bowels. The enema, moreover, be it noted, not only aids the system by relieving it of its load: it cleanses and soothes an organ that must keep at work and perform its function even when invaded by disease.

Surely it is unhygienic and irrational to ignore the valuable service of the enema in cases in which the bowels are in an unnatural condition.

The second objection is that the water will wash away the mucus from the mucous membrane of the bowels and leave them dry and parched and thus apt to crack and break in two. I would remind the objector that, since about seventy-five per cent. of the normal feces is water, it seems strange that so great a quantity of water in contact with the mucous surface of the bowels should not also cause dryness.

The integument of the body and that of the mucous membrane are similar in structure, yet who ever had a fear of producing dryness of the skin by much application of water? The mucous membrane is simply the skin turned inward; and since it is much more vascular it is less apt to become dry—if, indeed, its dryness were at all possible. The objector should also remember that the body is composed of over eighty per cent. of water—an organism not to be made dry or parched by the



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application of water to the skin or to the mucous membrane two or three times a day.

The mucous membrane of the lower bowel is not unlike that of the mouth, throat, or stomach. Do you realize how often the upper end of the intestinal canal is washed or bathed daily with liquids,—soft and hard drinks, hot and cold,—especially by those who have formed the drink habit instead of the enema habit? They have no fear of drying the mucous membrane thereby; but, if you can instill this fear, they will increase the quantity with pleasure!

This second objection, being the result of too vivid an imagination and too little reflection, is a very nonsensical objection indeed.

A third objection is that if you begin the use of the enema you will have to continue its use; you can't stop, and, lo and behold! the enema habit is formed,—a new habit in addition to the many habits civilized man is already carrying: the constipated habit, the physic habit, the sand, bran, sawdust-food habit, the muscular peristaltic habit, etc.,—and with all these habits the poor victim of proctitis and intestinal foulness wonders that he is alive.

Usually the first symptom of proctitis is constipation, and for relief the enema habit should be formed and continued while the constipation remains. When the proper means are found to remove the intestinal inflammation—proctitis and colitis—then the constipation will disappear, and

## Objections Answered

with its disappearance the enema habit can be discontinued. But let it be well noted that the enema is itself an aid in curing the cause, an aid superior to any other at our command. A cleanly habit ought not to be an objectionable one, especially in cases in which it is most needed to prevent toxic substances from entering the system.

A fourth objection is that after taking the first enema the constipation is worse.

With many persons a certain amount of undue accumulation of feces will excite a sufficient muscular effort of the gut to force the dried mass through the proctitis- and colitis-strictered bowels. This unnatural effort may occur once a day or once in two or three days, and has doubtless been a habit of many years' duration.

To introduce a new order of conduct on the part of the bowels requires time. If the bowels have been in the habit of expelling feces in the morning, and an enema were taken the night before, there might be no desire to stool the next morning because of the fact that the bulk or accumulated mass of excrement was no longer there to create a vigorous call or impulse for defecation.

But we have found the extent of local damage and reflex injury to the organs, and more especially we have found the constant absorption of poisons into the system, due to the presence of feces. It is for this reason that the elimination of feces twice or thrice in twenty-four hours is advised. The condition for which an enema is used is disturbing

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and poisoning to the system. It is, therefore, a most unnatural condition. What is more rational, then, than to employ an "unnatural" yet not harmful means to bring about a more normal condition, one free from poisoning and irritating consequences?

A fifth objection is made by those who have as a symptom of proctitis a large development of pile tumors or hemorrhoids (distended mucous membrane). The objection is that at times these tumors or sacs prolapse very freely during the act of expelling the injected water. But this prolapse occurs in many cases whether water is used or not.

A certain amount of anal irritation caused by the passage of feces occurs, causing contraction of the circular muscular tissue that forms the anal and rectal canal, also of the longitudinal muscular bands and the levator muscles of the organs. The enema lessens or entirely diminishes the irritation of passing feces, and the natural result is that the serum-filled sacs called piles and the tissue loosened by the inflammatory product would more readily prolapse during the act of defecating. It is simply a choice between irritation of the stool keeping the tissue up and no irritation permitting a prolapse.

Of course, if there be no expulsion of feces and water the stretched or dilated sacs may keep their places in the rectum. And then again the enema may be used for quite a period, when all at once a large prolapse of sacculated mucous membrane occurs, and the enema is thought to be the cause of

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it. That this is not the cause, let it be remembered that in all cases of proctitis the chronic inflammation is apt to become subacute or acute, and that this intense engorgement and enlargement of the tissue with blood and the increased fever in the parts often result in prolapse at any time, especially at times of convulsive effort at evacuation.

Whatever follows the proper use of an enema, even though what follows be annoying, should not be blamed on the enema, for its action is most kindly, lessening, as it does, the irritation that otherwise would be more severe when the feces pass through a disease-constricted canal.

The sixth objection is that the use of the enema will weaken the bowels, which are already too "weak" to expel their contents. "Atony, paralysis, fatty degeneration of the gut, are bad enough," say these objectors, "without having an enema increase their uselessness." Diagnosis wrong and objection groundless!

Distend and contract an organ for a short time two or three times a day, and it will gain in strength from the exercise. Every one knows that this is the case. What more gentle means of exercising the large intestine than by the enema?

But the truth of the matter is, that in all cases of proctitis and constipation the diseased portion of the gut is too active in its muscular movements, contracting spasmodically, as it does, at even the suggestion or suspicion of feces near it. Every impulse of the bowels above the constricted section



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to force the feces down through the closed bore only intensifies the spasmodic action and increases the muscular obstruction, compelling the victim to resort to some one of the many drastic means of relief.

The enema does no more than kindly to dilate the constricted region, which, when dilated, evokes a harmonious concerted action of all the nerves and muscles to pass along and down the burden of feces, which, without the aid of a flood of water, they had been incapable of moving, and would have had to leave to poison the system.

The seventh objection is quite *naïve* : “ Inasmuch as the Indians of this country had no use for the enema, why should we resort to it ? ”

The all-sufficient answer to this objection is that the Indians lived a natural life, while ours is artificial. Much can be said on this point, but the reader is surely rational enough to follow out the distinction suggested. Our lives are much more important than were the lives of the aborigines of this country, and our “ demands of Nature ” are more exigent. If your life is of no greater value than theirs, for leisure’s sake don’t use the enema ! You will be taking too much trouble. It really should seem that the cleanliness of the skin and mucous membrane, the care we take of our bodies, is an indication and measure of our sense of refinement. An ancient Scripture hath it : “ Let those that are filthy, be filthy still.” It all depends upon how you wish to be classed — with the filthy or the cleanly.

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The eighth objection to be noted is the fear of "poking things" (points of instruments) "into the rectum."

This looks like a real objection. No healthy, nor even unhealthy, organ, for that matter, should be "abused." And what seems more likely to cause it trouble than to poke a hard- or soft-rubber point or tube through its vent in opposition to its bent or inclination? Still, the muscles of the vent are strong, and they soon accommodate themselves to the practice. Their slight disinclination is not to be considered alongside of the relief and cure you effectuate by the use of the enema.

Have no fear that the point will occasion disease when intelligently used. Always see to it that the point is scrupulously clean. Those made of hard rubber or metal can be kept so without effort. Soft-rubber points are always foul and dangerous, especially after they are used a few times. A good rule is never to put a point higher in the bowel than is absolutely necessary.

The ninth objection seems serious. It is that in taking an enema the water escaping from the syringe point will injure the mucous membrane where the jet strikes. But on examination this objection falls to the ground; for it stands to reason the jet cannot directly hit the surface for more than a moment. Immediately thereafter the accumulation of water will force the jet to spend its energy on the increasing volume, to lift it out of the way so that the continuous inflow may find room.

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But even were it possible for the jet to strike a definite section of the mucous membrane during the taking of the enema, it could do no harm provided the water be at the proper temperature. And this is true even if a hydrant pressure be used. Not a few persons use the hydrant pressure of their houses in taking an enema. For a really successful flushing of the colon a considerable pressure is requisite to force the volume up and along a distance of five feet, especially when sitting upright. But it is folly to use a long syringe point, since it is like introducing one canal into another for the purpose of cleansing it. Therefore, have no fear from the use of proper syringe points; the jet of water will *not* hurt the mucous membrane. My professional brethren at least ought to know that the idea of such harm is sheer nonsense.

The tenth objection to using an enema is in *being obliged to use it* from the fact of having such a disease as chronic inflammation of the rectum and colon. Every victim hates to be compelled to do a thing; and the victim of proctitis and colitis is no exception to the rule. In fact, he is beginning to realize that unless he uses it his system will be poisoned by the absorption of the sewage waste. Let the victim object to the disease that necessitates the use of the enema, and all will shortly be well. Then this objection to the use of the enema will indeed be the most important of all.

The eleventh objection, and the most ridiculous

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of all, is that it requires too much time to take the enema twice or thrice daily.

I lose all patience with persons urging this objection. Those that have little or no system with their daily duties seldom have time to do anything of importance. They suffer from "haphazarditis," a very difficult disease to cure, and they are in many cases hopeless. Usually they are an uncleanly lot of people, full of good intentions, but their intentions, though taken often, seldom operate as an antidote to foulness. Their one sigh the livelong day is: "Oh, could we be like birds that can stool while on the wing or on foot!" This feat of time-saving being hardly possible in the present incarnation and order of society, they content themselves with making a storehouse out of the intestinal canal for an indefinite length of time as they concern themselves with external affairs of work or sport. A sorry lot they are, indeed, when they are laid up for repairs! Many doctors, I am sorry to say, encourage, with a chuckle, this foolish practice. "Any time to stool you can manage to get, so that you stool at least once a day, or once in every two or three days; stool when it is normal for you to do so." This criminal advice just suits the sleepy, the lazy, or the "awfully busy."

The American habit of doing things *en masse*, of handling things in large quantities or in bulk, has something to do with their don't-care constipated habit. Small evacuations two or three times a day seem too much like small business, which of course



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is a waste of precious time. Wholesaling, laziness, lack of system, hurry, are the cause of good-for-nothingness of body and mind. It should never be too much trouble to restore the lost impulse for stooling twice or thrice daily.

Is it a small matter to have the main sewer of a city partly or entirely closed, or the main sewer pipe of a dwelling stopped up? Think of the dire results, notwithstanding that the windows and doors remain wide open! The Board of Health would soon deal with the negligent official or landlord. With very few exceptions, "civilized" men, women, and children are negligent and niggardly caretakers of the human dwelling-place—the marvelous body of man. "Lack of time," "have n't the time," or "no time," is the excuse they give themselves and others.

Notwithstanding the numberless victims around them, none of these negligent and niggardly ones seem to get alarmed until the secondary symptoms—such as indigestion, gout, rheumatism, or disease of some vital organ—are sufficiently annoying to demand attention. But I have full faith in humanity. Man does the best he knows how—as a general rule. But often he does n't know how; he needs enlightening.

The hints I have given will, I am confident, be considered and acted upon by all to whose attention they are brought, for, by acting upon them, normal bodies and minds will result, and blessings attained heretofore considered impossible. Normal

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health depends on right doing and being. Eternal vigilance is the price to be paid for the attainment and maintenance of the goal of normal life and progress. Eliminate all waste material from the body and all shifty vermin from the mind, and the millennium for all things in the universe will soon dawn.

## CHAPTER XIV.

### LAME BACK.

THE manufacturers of various compounds advertised in our daily newspapers and on the billboards usually select very common ailments or symptoms on which to exploit the merits of their product. They make no distinction between a disease and its symptoms ; and why should they, when their sole object is to sell their goods ?

Lame back is a common weakness of that portion of the spine usually spoken of as the "small of the back." As a general rule, it is an indication of some pelvic disease involving the anus, rectum, colon, bladder, or uterus. Those who suffer from disease of one or more of the pelvic organs will have at times reminders that they have a lame, weak, or "dead" spot at the "small of the back" or a little lower down on the spine.

As an illustration, a current advertisement reads as follows : "Weak Backs! If you happen to be one of those unfortunate people with a weak, lame, tired, aching back, it is time you were finding out about ——." Then the advertisement proceeds to tell how to put on a plaster or a liniment, or rub the back for a week or two with the hands. An-

## Lame Back

other enterprising wonder-worker asks: "Do you get up with a lame back? Thousands of women have kidney trouble and never suspect it." "Lifted from the depths of despair by——" etc. Now, this may be seriously alarming to actual sufferers from lame back.

The kidneys are located several inches above the region called the "small of the back"; therefore, a difficulty in this region does not necessarily indicate disease of the kidneys. Those who suffer from the symptoms described — lame, weak, hot, dead spots, lumbago, rheumatism, etc. — at this portion of the spine may suspect that some of the organs in what is called the pelvic cavity are causing them.

The spinal nerves (lumbar nerves) on leaving the "small of the back" and proceeding lower down are distributed to the anus, rectum, bladder, uterus, etc., and when one or more of these organs are diseased the victim will have some of the symptoms in the portion of the back mentioned above. The earlier indica-

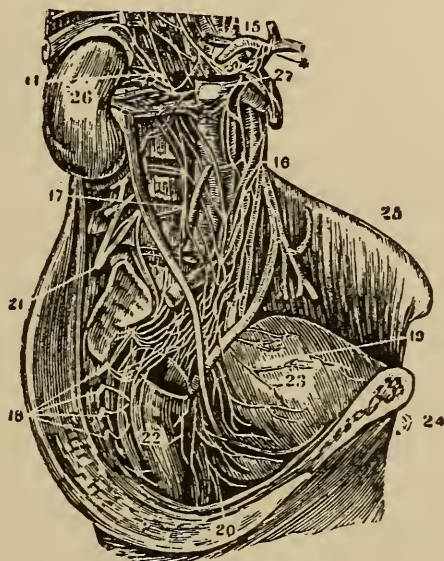


FIG. 19.

Showing the distribution of the sympathetic nerve about the rectum. 22, the rectum; 23, the bladder; 26, the kidney; 20, the rectal plexus; 19, the vesicle plexus; 18, the sacral ganglia; 21, the lumbar plexus; the lumbar ganglia; 16, the mesenteric plexus; 15, the solar plexus; 27, the aorta.



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tions of a disease are usually localized, but, as the malady itself persists indefinitely, both the sufferer and his physician are often deceived as to the producing cause of the varying symptoms manifesting throughout the body.

In this brief chapter I will confine myself to the diseases of the anus, rectum, and colon, as causing so much annoyance from the symptoms enumerated at or below the "small of the back." The most common ailment that afflicts mankind is chronic catarrhal inflammation of the anus, rectum, and colon. The disease invades not only the mucous membrane but the whole bowel structure, and the nerves report from the seat of the trouble up to where they enter the spinal column—a region that should be called the porous-plaster region rather than the "small of the back."

The chronic inflammation involving eight to ten inches of the lower portion of the intestinal canal, like all other diseases, has its alternating periods of quietude and excitement; and the negligent sufferer must count on having "stitches in the back,"—cold in the back, lumbago, rheumatism, sciatica, etc., as they are usually called for want of a definite idea as to the *cause* of the annoying symptoms. The physician consulted usually agrees with the sufferer's diagnosis, and coincides with the application of bands, porous plasters, liniments, etc.—which may allay the neuralgic symptoms to some extent.

The reader is so familiar with illustrations in the newspapers and on bill-boards of a man with a

## Lame Back

weak or lame back that it is unnecessary here to take up space with a pen picture descriptive of the symptoms and attitudes of a sufferer.

Those who have had occasion to acquire the warm-band, the rubbing with liniment, and the plaster habits, had better direct their attention and remedies to the *cause* of the symptoms. One frequent source of all these back symptoms is chronic inflammation of the anus, rectum, and colon, with more or less ulceration accompanying it. In the female, disease of the uterus complicates the painful symptoms. Usually among the first indications of this disease is some degree of constipation, which in time is followed by local symptoms known as piles, fissure, itching tabs, clot of blood in a vein, abscess, etc. Constipation is a prolific cause of indigestion, biliousness, flatulency, loss of appetite, self-poisoning, anemia, emaciation, uric acid, neuralgia in various parts of the system, catarrhal inflammation of the mucous membrane of one or more organs, and many other symptoms.

A diseased organ is a constant source of unconscious and conscious irritation to the sufferer. If the victim can tolerate the trouble he seldom seeks treatment. "I will not bother with it as long as it is no worse," he says. At times, however, the symptoms become very annoying, and measures are taken to allay them. During the long interval of "better and worse" effects the malady is becoming more deeply seated, and the symptoms eventually appear in all parts of the body.

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As a rule, the majority of victims put off treatment until a protracted period of extreme suffering or the fear of a fatal ending compels them to consult a physician—who labors at a great disadvantage in seeking to effect a cure on account of the long neglect.

Severe symptoms located at the porous-plaster region of the spine, when brought on by disease of the lower bowel, usually indicate an acute stage of chronic inflammation and retention of feces and gases in the sigmoid flexure and colon. Acute or subacute inflammation and fever and pressure of the feces are more than the long-abused nerves can endure, and severe pain is the result.

Then the sufferer has something to say about his back, and what is best to do for it.

The logical course is to unload the bowels of feces and gases by a generous use of the enema and to treat the diseased tissues kindly. The symptoms will soon disappear when the cause is removed.

## CHAPTER XV.

### URIC ACID.

A SOCIETY leader, in speaking of her ills to a woman friend, said : “ I am ‘ lousy ’ with uric acid.” From infancy to old age, mankind is more or less filled with uric acid and other poisons—the result of a foul intestinal canal. Poisoned blood is a common symptom, and it arises from an almost universal cause—chronic constipation. So universal is constipation of the bowels in illness that it is the first duty of a physician to prescribe some remedy to unload them.

It is said that a Boston doctor, whose practice was largely among the wealthy classes, used to say : “ There is no use in physicians pretending to be anything else—they always smell of rhubarb.” And in an address to a class of medical students an old doctor once said that he and his associate practitioners had found that calomel and opium filled every want in the ills they were called upon to treat.

For ages all mankind has striven to find a remedy effectively to clean the intestinal tract. Pills, powders, tablets, wafers, suppositories, salts, teas, candies, and syrups have been administered—all with



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that sole purpose. Efforts have been made to accomplish this object by utilizing every possible device and contrivance known to human ingenuity. Calisthenics, massage, physical-culture exercise, mental therapy, horseback riding, "dieting," fasting—these are some of the many means resorted to in order to "sterilize" the foul, constipated intestinal canal.

Albeit that the cleaning of the digestive apparatus in the case of a sick person is regarded as a necessary first help the world over, few persons realize that it is of equal importance in the case of a seemingly healthy person. Is it not a fair inference, therefore, that where a purgative—such as calomel, or one of the innumerable similarly-acting medicines—temporarily relieves a patient's symptoms, the timely precaution of keeping the intestinal canal and system clean would prevent a person from getting ill?

The reader may think that, in these observations, I have wandered away from my text, but, as uric acid is the *symptom* of a combination and complication of disorders of which constipation is the secondary cause, the connection and sequence of my remarks are evident. It is safe for a layman to assume that, where so many diverse schemes are employed to relieve symptoms, the diagnosis is wrong—also the treatment.

A few of the many primary symptoms of proctitis and colitis are constipation, diarrhea, indigestion, biliousness, flatulency, putrefaction, and

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gaseous and bacterial poisons—a foul gastro-intestinal canal, through which there are daily absorbed from the bowels two-thirds to three-fourths of the excrementitious matter into the system. With these facts before us we need not be astonished at the statement that nine-tenths of human ills have their origin in the digestive apparatus.

Among the secondary symptoms of proctitis and colitis is poisoned blood—anemia, which is usually followed by impaired nutrition and emaciation or obesity. Along with the changes in the blood and nutrition there occurs lodgment or deposit of salts, acids, etc., in the various organs and tissues of the body. Almost every one is familiar with gouty deposits in the finger joints and other joints of the body. If the deposits occur in the muscular tissue it is called rheumatism. If in the urinary organs we have gravel, Bright's disease, diabetes, cystitis, irritation of the neck of the bladder, frequent calls to urinate; and the urine, scanty and high-colored, on cooling reveals a crystalline deposit. The principal mineral substances of the urine are as follows—of which one or more may become poisonous: chloride of potassium, chloride of calcium, chloride of magnesium, chloride of sodium, sulphate of potassium, sulphate of soda, sulphate of magnesia, phosphate of soda, and phosphate of potassium.

The liver gets its share of the foul substances generated in the intestinal canal, which cause congestion of the organ. Toxic biliary salts and

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acids are present. The deposit may form gallstones, and jaundice and many other annoying symptoms may occur. The system is simply a filter, or blotter, that lets the poisonous contents of the intestinal canal pass through and out; but all the organs and tissues, during the process, retain many of the foreign toxic substances, which overtax (and frequently destroy) their functions with work that Nature never intended they should do. Think of it—all the organs and tissues around the intestinal canal serving as *fecal vents*! Deposits cause irritation of nerve centers and nerve cells precisely as in fibrous and cartilaginous tissues; and we speak of the symptoms as spinal irritation, hysteria, chorea, lumbago, sciatica, nervous tension, headache, irritability, despondency, melancholia, insomnia, dementia, etc. From the disturbance of the voluntary and involuntary nerves we have irregular circulation of the blood from disturbed heart action, cold hands and feet, and flushing of the face alternating with pallor, vertigo, and dizziness. The capillary circulation becomes obstructed with crystallized bodies, as chunks of ice obstruct a stream of water.

Catarrhal inflammation of the mucous membrane is set up in various parts of the body by the deposits in the membrane and the abnormal means of their elimination through it. The skin of the body, which is the mucous membrane turned outward, suffers likewise from diseases having numerous names.

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Doctors have always expressed a poor opinion of the liver because it did not keep the bowels sweet and clean, and they mistakenly though honestly called it "the lazy liver," "the torpid liver," "hepatic insufficiency," "atony of the liver," "sluggish liver," "hepatic torpor," "fatty liver," etc.; and the poor victim of proctitis and colitis was glad he had consulted the doctor and learned "just the cause" of his internal troubles—and could suffer on more reconciled to his malady since he knew its exact name and could continue to take with regularity one or more of the many powerful liver exciters, to stimulate activity in the liver and bowels once every day or two, if possible. By some strange psychological or other influence of late years, however, physicians have turned their attention to the "lazy kidneys," and now it is difficult to decide which they are purging the most—the liver or the kidneys. At any rate, they both must be violently excited at the same time, and we hear "lithia" mentioned, or "laxative salts of lithia," every time uric acid is thought of. Stimulate the lazy liver and kidneys, and with abundant salts dissolve out of the tissues and blood the precipitated deposits; this is the fashion of the times.

Diagnosis wrong and treatment harmful! Water is by far the best agent to dissolve salt compounds, to dilute acids, or to remove filth. It is also the best means of soothing and relieving the long irritated and inflamed tissues and organs, that have had from two-thirds to three-fourths of the daily



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fecal mass thrust upon them and collected in them, when they are called torpid, lazy, and whipped up unmercifully by bile and urine bouncers. We ourselves would be very torpid, sluggish, or "lazy" if called upon to do the work of two persons under such embarrassing physiological circumstances as being filled with toxic substances, or thoroughly auto-intoxicated.

When will common sense take the place of theories founded on guesswork, and some thorough washing out by plain or distilled water be done, internally as well as externally? After such an operation some specific remedy may be taken, if demanded, with the certainty of permanent good resulting. But remember, your aqueous body, held in its form by the skin and mucous membrane, needs a well-nigh constant stream of pure water flowing through it to keep it fresh and clean.

The diagnostic error of mistaking effect for cause, however, is frequently made. Patients are treated for one of the secondary symptoms—say uric acid—with a view to abate that disorder and restore health, when treatment for the specific cause of constipation—proctitis (inflammation of the anus and rectum)—would restore the patient to his normal vigor. Pale, anemic sufferers from constipation are often told that the restoration of their blood to its normal state will effect a complete cure. No idea could be further amiss, for if the poisoned victims take coal oil, fish oil, malt compounds, iron, etc., as tonics, into a disordered

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stomach and unclean bowels, how can anything more than imaginary relief be obtained? Is it not evident that the chief disorder, *proctitis*, the main cause of the trouble, has in no way been reached?

In other complications arising from constipation, a favorite diagnosis is one of the secondary symptoms—"atony" of the bowels, liver, or kidneys. In these cases *nux vomica* and various poisonous compounds are given, but here also it stands to reason that the administering of remedies for symptoms cannot effect a cure of a chronic local disease of the anus, rectum, or colon. Then, again, by way of variety, a diagnosis of "uric acid" is made for which irritant drugs are administered to increase the eliminating or excretory action of the bowels and kidneys. It is utter folly and absurdity to attempt the cleansing of the intestinal tract by laxatives, cathartics, purgatives, exercise, etc., and to make the kidneys and liver, overtaxed from foul bowel products, do still more work by giving medicines to increase the urinal and biliary secretions.

It does not require a knowledge of the principles of physiology and pathology to know that no sufferer from chronic constipation can be permanently benefited if any or all of the secondary symptoms already noted be treated with the usual list of drugs and the cause ignored.

Much stress is laid upon the quantity and quality of food consumed by most people, and many generalizers attribute chronic constipation, uric acid,

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etc., to this very thing. Surely the average person knows that too much or too little food taken at regular intervals is not conducive to good health—a view that I have found borne out by a large majority of my patients, who rarely overstepped the limits and knew when a diminution in the supply of nourishment was advisable.

In the last analysis, the principal cause of ill health is lack of elimination of the excretory organs. When the bowels fail to do their proper work, the functions of the other organs of the body become correspondingly affected and impaired, and general debility ensues.

In previous chapters, also in my book, *Intestinal Ills*, I have made plain the causes contributing to chronic constipation and the use of enemas and their origin. *Prehension* and *elimination* are two subjects that are vital to the welfare of man. If the eliminating power of the intestinal canal is normally active, the fortunate individual may eat abundantly, or really in excess of the requirements of the system, and still escape any ill effects, such as indigestion, biliousness, acid in the urine, etc. The hearty consumer of food whose bowels eliminate properly may suffer a loss of appetite, but it will not be accompanied with foulness of the digestive apparatus.

When all the organs of the body perform their functions in a normal manner, no part of the structure is in immediate need of repair. Every organ whose function consists in building tissues, muscles,

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or some other part of the body, having a sufficient supply of reserve nutriment on hand, makes known this state throughout the organism; hence there is no craving for food, no appetite, although the tongue, stomach, and intestines are in a normal condition. In this state of surplus of nourishment the person may omit a few meals or partake sparingly until the expenditure is equal to the income. But such physiological happiness is not for the person whose intestinal canal and system are clogged and foul from undue retention of excrementitious material, causing no desire for food, while all the atomic builders of the body are wanting nourishment and protesting through the nervous system against their impoverished condition.

Sufferers from self-poisoning, as described in this chapter, should irrigate the system thoroughly by frequent drinking and by copious injections of water into the bowels. The action of the enema if properly given and the drinking of water that is pure or distilled increase the quantity of urine and diminish the renal congestion, while increasing the eliminative action of the skin.

Irrigation of the bowels for twenty minutes or more with tepid water (98 to 100 degrees) increases the action of the kidneys. Hot irrigation (110 to 125 degrees) is especially recommended to increase the discharge of urine and the action of the skin, and should be continued for thirty minutes or more. The Intestinal Recurrent Douche, described in a subsequent chapter, is an excellent instrument for



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the employment of hot water to produce diuresis and diaphoresis.

The Chemung Spring Water and Clynta Double-Distilled Water, sold in New York, are excellent drinking waters and can be obtained at a moderate price.

## CHAPTER XVI.

### RATIONAL SANITATION AND HYGIENE.

WE, all of us, like to use things ; indulgence is enjoyable, but it generally ends with the day. Few of us "take thought of the morrow." Neglecting, as we do, the *instruments* of use, their availability for permanent subservience to our wants steadily diminishes, becoming finally lost. Is it that we do not know any better, or is it that we are really so intoxicated with the Present that we simply ignore the well-known claims of the Permanent? Whatever the explanation may be, it is nevertheless passing strange that little or no care is bestowed on either our external or internal servitors, instruments, or organs, which otherwise are ever ready to keep us well filled with the pure wine of joy. Perhaps it is that many of us find Nature so lavish in supplying us with the means of joy that we are naturally equally lavish in wasting them. True economy—that is, the conserving of means for their effective use—is yet to be learned by man. Especially is this the case with our interior means, our flesh, blood, nerves, vital force, etc. Nature seems so ready to recoup and renew the organic loss incurred by our use or indulgence — recupera-

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tion seems so easy — that we simply grow careless, reckless, prodigal, and before we are fairly aware of it the disintegrative process gains an ascendancy over the restorative, and thenceforward our time will be spent in endeavoring to cure what might have been kept whole or well.

Nor is it an organ of the body here and there that we neglect or abuse ; it is more especially the entire system of organs called “the body.” The body is the organ of man’s spirit. We give no heed to its tones ; perhaps we have never caught its rhythm ; certain it is that when but a short time in our perverted hands its chords are more or less jangled, and a minor part is played in the grand symphony of life.

The organ of man’s spirit ! How rational, nay, how necessary, it would seem to be to keep that instrument keyed to its perfect work !

But the ordinary denizen of civilization has a most ridiculous ideal of physical capability, namely, that the savage—a being altogether “physical”—was able to retain a healthy body till ripe old age without attention either to sanitary surroundings or to the hygienic functioning of his system of organs. The “civilizee’s” fancy picture of the noble savage is not based upon verifiable fact. It is true that we have a few attractive myths concerning savages that had survived appalling hardship ; but we are just learning of the innumerable host that have perished periodically of various contagious diseases, and of the countless number (infants,

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youths, and adults) that have suffered from all sorts of ailments. Alas! how little we know — or, for that matter, how little we seem to care — of the great multitude of “civilized” fellow-creatures whose lives are all jangled and out of tune through subjection to the many ills that flesh seems heir to; ills that have arisen through either ignorance or the voluntary *ignoring of the light of accessible knowledge!*

In another aspect the human race is like an army that concerns itself with its immediate and imperative duties and has no time or thought to bestow on those that fall out of the ranks. But slaves to stern duty offend against Nature's normality as do slaves to desire; and the former little suspect that their retirement also is near at hand. In health we seldom or never think of the conditions for the maintenance of health. That these conditions should receive our prime attention is obvious when we contemplate for a moment (1) our race of invalids, and (2) the growing unsanitary condition of modern industrialism, involving, as industrialism perforce must, the unsanitary life of the factory, workshop, office, and hothouse home.

Again, with the advance of high-pressure civilization and culture human beings are developing a more highly sensitive physical organism, pitched to finer issues. How urgent the necessity for a greater safeguarding of that organism!

If it be claimed that many of us do live up to our knowledge of health conditions, and that we



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are notwithstanding unwell, I would answer that our knowledge now is very disconnected, and that when the time shall come that our itemistic information shall have coalesced and formed a system of principles, we will then have trustworthy rules for the acquisition of health habits and become completely normal physical beings. At present most of us are intemperate in one or more ways. We eat too much or too little—too rich or too poor food. So it is with our drinking, our sleeping, our sporting, our enjoyment of this or that excitement—the quantity or the quality of each of these is not well adapted or proportioned to the conditions of normality.

Let me offer the health-seeker a few indications of the sanitary and hygienic requirements demanded by Nature's normality. In our family and household life, to carry into execution daily hygienic measures, it is essential that we have ample, accessible conveniences for the necessary ablution of the body, externally and internally. How extremely rare it is, however, that bath-tubs and water-closets are found in sufficient quantity and suitable quality in our apartments. As household fixtures they are usually about as scarce as hens' teeth.

In New York City a house with from eight to sixteen persons is restricted to the use of one water-closet and one bath-tub. On these (and a laundry and servants' privy in the basement) there is the tax of ten dollars a year. Now, should that rare human product, an enlightened and humane owner,

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put in eight more bath-tubs and water-closets for the proper accommodation of his sixteen guests, so that each suite of sleeping apartments should have its appropriate conveniences, he would have to pay an additional tax of forty dollars a year. Is this tax levied with the connivance of the Board of Health? It would seem so, since no protest from that august body has ever been heard within the memory of the oldest inhabitant. Indeed, the suspicion is not at all unwarranted that if the masses were less constipated and better washed they would have less use for the doctors, and that, therefore, it is not well to encourage undue sanitation and hygiene.

It must be, too, that the Department of Water Supply has figured it out quite beautifully that a saving will be insured in the amount of water consumed by sixteen persons if they be restricted to one bath-tub and one water-closet; otherwise forty dollars a year would not be charged for eight additional tubs and closets for the use of the same number of persons. Listen to a sample of their logic: "Sixteen persons with eight additional bath-tubs and water-closets would use more water than if they were restricted to one of each—hence the additional tax. We don't care a continental whether these human beings are clean externally or internally; that's not our lookout. But we do care that they should n't use more water than just so much, see!"

And does the august Board of Health raise the

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least objection to this sort of logic? None whatever.

Professor C. S. Smith states that, out of 255,000 families in tenement-houses in the city of New York, only 306 had access to bath-tubs in their own homes in 1894. In 1897 one city block containing 904 families did not have a single bath-tub.

Paradoxical as it may seem, there is, notwithstanding the appropriation every year for the New York City Board of Health of over one million dollars, a prohibitive tax on bath-tubs and water-closets—that is, on cleanliness—prohibitive on all homes except those of the wealthy. Is it to be wondered at that contagious diseases are prevalent, especially during the winter months, and that we have so many acute and chronic maladies?

Let me make a suggestion here for the serious consideration of our city fathers: Reduce the appropriation for the Board of Health to two hundred thousand and give the other eight hundred thousand to the Department of Water Supply, so as to abolish the tax on water-closets and bath-tubs. If every citizen of New York could have all the water he needed for cleanliness and comfort, there would be little excuse for the existence of such a body as the Board of Health; its existence would then be more honorable than onerous. Furthermore, the city, as a corporate body, should manufacture bath-tubs and water-closets, and furnish them at cost. Thus would it insure a great stride toward the health of its own citizens. When the disease-pro-

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ducing microbe becomes scarce, the occupation of the Health Board pathologist will be gone. Hold ! Could he not devote his time profitably to studying the habits of health-producing microbes—for there *are* such ? Microbes are absolutely necessary for higher forms of existence, it being now well known that some microbes are destructive or pathological and that others are constructive or physiological. Is it not much wiser to spend our millions of dollars for the prevention of disease than for quarantining it ? Inducing, and even compelling, people to be clean is a far better policy than to compel them to be vaccinated.

Now, we pay the Board of Health many thousands of dollars a year simply for making cultures of disease-producing bacteria so that antidotes may be found. The pictures and history of these bacteria are published in many large volumes, costing the city several hundred thousand dollars a year. Scientific as this practice undoubtedly is, it is very expensive—and needless.

Every year thousands of children and invalids of New York receive improper nourishment, or are made positively sick, on milk that is either foul, stale, or ready to sour ; and every summer thousands of children die from complaints traceable to this source. Swill milk is one of the great generators of disease-producing germs to which all sorts of “complaints” are due. Does the Board of Health care a fig for the generator ? No ; the Board is absorbed in watching the antics of the



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germs! Mighty intellects are searching for malignant, multitudinous mites. Yet there are just a few mites of common sense in existence, which if encouraged will breed quite as fast as the sinister ones. Indeed, there must be one or two at work in myself, for I seem to be urged to say that if our City and State Boards of Health should see to it that our cows are kept clean and healthy, our milk clean and pure, our cans clean and well scoured, and our shops and ice-boxes clean and free from odor, there would be no occasion for germ cultures of diseases brought on by swill milk.

Our milk example will illustrate what germs of common sense would do to ward off all kinds of disease-producing micro-organisms. Rigorous regulations, well enforced, as indicated above, would work in other lines as well. And when the source is gone sinister microbes will not come into existence, and diseases that have resulted from such microbes will have gone into innocuous desuetude.

There should be a bath-tub and a water-closet in every suite of sleeping apartments. When this is the case, there will be a larger number of persons clean internally and externally, and the doctors will be on a hunt for health-producing germs instead of disease-producing ones. Let us start an organized movement in this direction.

Last summer Medical Science went about killing mosquitoes on Staten Island with a little spraying apparatus, and managed to disturb the pest for a day or two from its customary bivouac. Christian

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Science stood aloof and smiled superciliously, claiming that "there are n't any such things as mosquitoes ; but if they should prove to exist, there is n't any malaria anyhow." Good sense might have suggested to Medicus the draining of the ponds for gardening purposes ; and, if that were not possible, the filling in of the edges and the making of deep-water lakes for the sport-loving youth, who might be depended on to keep the water stirred up by boating, etc., free of charge, and thus convert a pest pond into a pleasure lake. Pleasure and cleanliness are taxed to-day for disease and pests. Oh, human imbecility !

As to public baths, there are so many objections to them that I cannot touch on the subject in this chapter. But let me impress upon the health-seeker, the public-spirited citizen, and our city officials that what we urgently need are ample conveniences in our homes for internal and external cleanliness—conveniences easily accessible several times a day, every day of the year.

## CHAPTER XVII.

### PERSONAL CLEANLINESS.

AT the close of my last chapter I referred to the ever-recurring problem of public baths. Annually its agitation is renewed in lectures and newspapers ; public bathing is voted without disagreement the thing of things needful to render the laity—*i. e.*, the labor population—physically pure. It is the long-felt want ; but, like the longed-for walk of the annual Sunday-school parade, it is soon done and gone. Still, we must have patience with those dear souls, our ethical teachers of the press and platform, for taking such a deep, sentimental, though unscientific, interest in the welfare of the unclean. Owing to the non-existence of home facilities for cleanliness among the working class, the accumulations of soil and exudation during the long fall, winter, and spring months are so great that their bodies become too rank and malodorous for the nostrils of the refined. Consequently, as all animals seek the tepid water of the summer, and as man is no exception to a capacity for laving in the circumambient fluid, to three-fourths of the population of this metropolis it must be a glorious perennial treat to dip in the river, bay, or sea ; and it

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must indeed be a dire necessity to those that have managed to survive contagious and other diseases during their long immurement. Without this summer cleansing few animals, bestial or human, would run half their average careers. It is accordingly not strange that during the summer a bath in open water is a daily hygienic necessity and source of joy to thousands of creatures.

Now, it is just because godliness appears in the wake of cleanliness that I made so strong a plea in my last chapter for ample bath-tubs and water-closets. For I do not approve, nay, I emphatically condemn, the system of public baths along the shores of our rivers and bay. Their waters are contaminated by numerous sewers, and bathers have contracted many contagious diseases that have become epidemic in neighborhoods. Note especially the annoying eye troubles that follow in the wake of such bathing. Of course, the sport and exercise involved in open-water bathing are highly commendable; but the danger of contracting contagious disease, and the outrage of the sense of refinement when contemplating fellow-creatures in the act of stirring up polluted waters, should call a halt to our encouragement of public bathing in and around our metropolitan water fronts. These waters are surely anything but a means of cleanliness.

The water-closet, however, is of far greater importance than the bath-tub, and especially than the public water-gymnasium—which last is so much



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lauded by some of our misguided philanthropists. Intestinal foulness, as a prolific source of disease, is of far more serious importance than surface foulness. However, both the bath-tub and the water-closet are indispensable to every suite of rooms.

Another need imperatively demanded by the exigencies of city life is the establishment of public water-closets at several thousand convenient centers throughout this great city. At present the male population, when away from their residences, are obliged to make use of a near-by saloon—a most uncertain resort, and one in which courtesy will generally constrain them to imbibe intoxicants *volens volens*. The female population have not even the saloon as a resort, and can relieve themselves only when in the vicinity of department stores. American enterprise can improve in many respects on the several European models of public-relief stations. The public is becoming conscious of its needs and rights in this respect ; and one of the sanitary evolutions of city life—congested as it is—will be ample and cleanly public accommodations for intestinal relief.

Americans in general suffer from dyspepsia, biliousness, constipation, uric acid, etc.—all of which disorders are symptoms of that world-wide disease, proctitis: inflammation of the anus, rectum, and often the colon. Nor is it any wonder that unwashed humanity suffers from proctitis and its consequences. The unwashed have no bath-tubs and practically no water-closets. This lack is due to

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the tax on water facilities, to expensive plumbing, and to too much "science" and not enough common sense among our city fathers. As a consequence of ignorance and inconvenience, most people defecate but once in twenty-four hours; and very many but once in two or three days or a week. The once-a-day stool is frequently scanty, and as a consequence the kidneys, lungs, and skin are called upon to perform the vicarious function of eliminating a portion of the daily excrement; and the colon and sigmoid flexure have to hold the stored contents unduly—until the feces be expelled by purgatives or by the irritation that the accumulated mass occasions. Could the members of the Board of Health and the people at large be brought to a realizing sense of the value of personal cleanliness,—internal as well as external,—bath-tubs and water-closets would abound in our homes.

Man's habits as to eating, drinking, dressing, bathing, and especially as to defecating, are clues to his growth in refinement. But we must beware of judging a person by one or two good or bad habits; he should be estimated by the sum of his habits and their peculiar combination. Refined habits are not all of them acquired at once; they develop slowly, one after another, when opportunities are favorable, especially the habits as to bathing and defecating. Opportunities for these latter are wofully lacking at present—the cause and consequences of which lack are pointed out in the last chapter. A child will derive far more good from a

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ready access to bath-tub and water-closet than from a lifelong attendance at Sunday-school and church with the temple of the human soul permanently unclean. Only one that has learned to respect and care for the abode of the soul—the body—is worthy of being classed among the refined. It is truly deplorable that the great majority of the human race are creatures of the moment or the hour, tolerators of abnormal functioning, slow suicides of vital capacities. Claims of the permanent are constantly ignored; most of us are blind to the joy involved in the harmonious functioning of all the organs—a functioning that always ensues upon hygienic care.

Our organs will for a time bear neglect or unhygienic conditions without protesting their annoyance. Many persons never use hot water or soap; others find one bath, in river or sea, quite sufficient for the year; others, again, feel the need of a bath once or even twice a month, or even once a week. But there are very few of us that seem to require a bath daily. Many, alas! have grown accustomed to a bathless existence.

Have you ever stood near an Italian or Greek street vender, or have you ever been within five feet of a low-class Polish Jew? If so, the stench arising from his unwashed body must have nauseated you. It is no secret that such persons never wash—especially the latter, who live in rooms reeking with filth. Contemplating such conditions, I feel impelled to propose a great, nay, the greatest

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reform—one suggested years ago by Samuel Butler in *Erewhon*. Let us make Health the great civic virtue, and Disease, as well as unsanitary and unhygienic conditions, the crime. Our so-called crimes of theft, murder, forgery, etc., should be treated as weaknesses and faults to be corrected by Moral Rectifiers—by the preachers, priests, rabbis, and ethical culturists. Consider how much is implied in developing and breeding a race of healthy men and women. All relations of life would feel the vital change at once, and moral weaknesses would disappear. Any human cesspool entering a public conveyance, or in any way mingling with cleanly people, should be arrested, thoroughly cleansed, internally and externally, and sequestered for a time sufficient to teach him better. There is a local rule of the Board of Health against spitting, but it is rarely enforced. There are millions of public expectorations to one arrest. For the appearance in public of consumptives, and their offensive hawking, coughing, and spitting, no one seems to have suggested a remedy. All diseases should be classified as to grades of punishment; and all moral weaknesses, such as defalcations, adultery, burglary, should be treated at the various hospitals, which latter should be conducted solely by Moral Rectifiers.

In closing, I shall direct attention to a few other points in personal cleanliness—the mouth, ear, nose, and throat.

It is important on hygienic grounds that the



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mouth receive proper care two or three times daily.

The ear is commonly kept clean ; still there are many instances of non-refinement of this organ, and from its non-hygienic treatment deafness often occurs.

The prevalent nasty, ill-bred habit of hawking and spitting in public, or in company, even by genteel persons, can be cured best by early training in correct habits. This habit, as well as the evidences of throat troubles, is usually to be ascribed to inattention to the nose. When catarrhal conditions are avoided or properly treated the throat will not be so affected as to necessitate this reprehensible practice. Trouble is invited for the tonsils and soft palate by our constant hawking ; certainly the tender sensibility of the throat is destroyed thereby. Inasmuch as the tobacco habit is so general, and spitting is a necessary accompaniment of that habit, stringent laws against hawking and spitting would be unpopular among the masculine half of the race. But should public opinion ever become educated up to the point in which disease becomes a crime, opposition would cease. This consummation is devoutly to be wished, for then we will have adopted and followed Ingersoll's injunction to "make health catching, not disease."

## CHAPTER XVIII.

### HOT WATER IN THE TREATMENT OF PROCTITIS AND COLITIS.

IN treating chronic ulcerative inflammation of the anus, rectum, sigmoid flexure, etc., it is well to take advantage of every really practical device to which one may have access, so that valuable time may be saved in obtaining relief and effecting a cure.

The capillaries, veins, arteries, and arterioles in an inflamed organ become distended and the tissues swollen, indurated, and tense by the excess of blood and the inflammatory serum deposited in the tissues. The vasomotor nerves in the diseased part have lost their contractile power, which fact increases the stasis, or congestion, of the blood. Circulation in diseased tissue depends very much on the general tone of the system, and if the circulation is below the normal the ravage of the malady is increased proportionally.

Have you ever observed a little stream of water enter a large pond in which were grass, shrubbery, logs, decaying vegetation, and débris of all sorts—the accumulation of years? And have you noticed that here and there there were stagnant pools,

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without a perceptible motion from where you stood, but that as you reached the side opposite to the entrance some faint traces of motion became visible, and that as you followed the line it soon formed into a stream quite equal to the inflow? The pure water, on entering and mingling with the stagnant water and old deposits, soon becomes corrupted and foul. Somewhat similar unhygienic and toxic results take place in ponds of stagnant blood and abnormal deposits such as proctitis and colitis involve, and where, for six or eight inches or more of the large intestine, inflammation is deeply seated, and blood stasis is of course in full swing. As the débris in a stagnant pond decays, making the water impure, so in an inflamed organ the tissues decay, making the blood impure. Ulceration is an exhibition of this process of congestion, induration, and decay.

The rectum and sigmoid flexure are loosely hung in the pelvic space and are surrounded by fatty cushions of connective tissue on all sides, which fact allows the organ considerable dilatation and motion (Fig. 5). Owing to the anatomical structure and the location of the lower bowel, it becomes a serious matter when it is invaded by an ulcerative inflammatory process—especially when all the layers of tissue forming its wall are invaded, and still more so when the connective tissue around the organ is in the same condition.

Far better were it for the victim of proctitis and periproctitis—filled as he is with channels and

## Hot Water in Proctitis and Colitis

reservoirs—if pus were to form in abundance at once and thus betray the destructive action in the spongy areolar or connective tissue, under the mucous membrane, around the rectum, and in the tissue forming the anus and buttocks.

The pathological condition brought about by inflammation, etc., requires a remedy that will empty the over-dilated vessels and remove the serum deposit in the tissues, which is analogous to the rubbish of a pond.

Our grandmothers were familiar with the therapeutic effects of heat and moisture when they applied hot poultices constantly to an inflamed organ or limb for one or more hours until the tissues presented a blanched, shriveled, and white appearance; if there were signs of the inflammation returning, the poulticing was continued or repeated. They knew very well what the parboiled condition of a washerwoman's hands indicated after a day's work in hot water. They were bloodless, notwithstanding their incessant muscular exercise. In case of inflammation, they reasoned, heat and moisture would make the congestion and fever leave if applied long enough. On beginning the use of the hot poultice, the tissues to which its heat and moisture were applied became relaxed, and the parts for the time more congested than before; but our grandmothers did not mind that, as the final result would justify their hydriatic procedure. They well knew that after ten minutes or more a reverse action would take place, and if the



## Intestinal Irrigation

treatment were continued long enough the blood-vessels and tissues would show little or no evidence of fever or inflammation.

Where chronic inflammation exists, the blood-vessels and tissues lose their normal tone or vitality; consequently, they will require repeated application of hot water as well as other aids until a cure shall have been effected.

Another great advantage in the use of hot water is that its application can be interrupted and resumed without detriment to the diseased tissues or organs. Cold water, on the contrary, causes the vessels quickly to contract and expel the blood, but, on reaction taking place, the tissues become more congested than before.

In the use of water at a temperature of 110 to 125 degrees, or even more, we have one of the most valuable adjuvants in all stages of proctitis and colitis, and, if a properly regulated plan be pursued in connection with the requisite local treatment, more good can thus be accomplished than by all other means combined.

The layman is more or less familiar with the condition of a sore or ulcer in which soft, spongy, or fungous tissues appear, called "proud flesh," which, on an inflamed mucous membrane, is called granular tissue. Were it not for the usual presence of granular tissue on a chronically inflamed mucous membrane and for ulcerated sections or patches, channels, and stretched or pouched mucous membrane called piles, the proper use of hot water

## Hot Water in Proctitis and Colitis

alone would in time effect a total cure in almost every case of proctitis.

Many well-meaning persons conceive the idea that, if hot water is so beneficial, they may use it as hot as possible for the purpose of an enema likewise, since they will thereby not only relieve the bowels of their stored feces but simultaneously do the inflamed tissues "a whole lot of good." Their spirit is admirable, for not all patients are prompted to such thoughtful attempts to do everything in their power to get well—even though they err with the best intentions at heart. Let them remember, however, that the first effect of hot water is to increase the blood supply in the tissues if it be applied for a short time only. In the majority of cases, the enema does not require more than from five to ten minutes; hence, only harm can result if really hot water be used. Now and then a person will become possessed with the notion that a hot enema should be followed by a cold one, to bring "tone" to the lower bowels. But in all these misdirected efforts matters are made doubly worse.

Cold water will allay fever and inflammation, but when its use is once begun it should be continued without intermission until a cure is effected. For this reason it is *not* suitable where chronic inflammation exists—especially on the mucous membrane of the bowels. It is, however, excellent for acute inflammation of the external parts of the body, such as the hands, arms, legs, etc., where it can be

## Intestinal Irrigation

continued without interruption for one, two, or three days if necessary.

In beginning the treatment for constipation, there are a few cases in which the patient has to fuss an hour or more with the enema before he can obtain any sort of a proper fecal evacuation with the imperfect appliance at hand. In such cases time would be saved, perhaps, by combining the procedure for an enema with that for a recurrent douche, which involves a continuous application of hot water for from forty minutes to an hour. In some cases it is well also to save time by incidentally evacuating the bowels as you poultice, bleach, or scald the congested, inflamed surface.

The accompanying cuts illustrate a successful device for applying hot water and antiseptic and healing remedies to the anus, rectum, and colon. This apparatus can be used while sitting on a water-closet seat; and the treatment can be completed without changing the position or removing the instrument during the process.

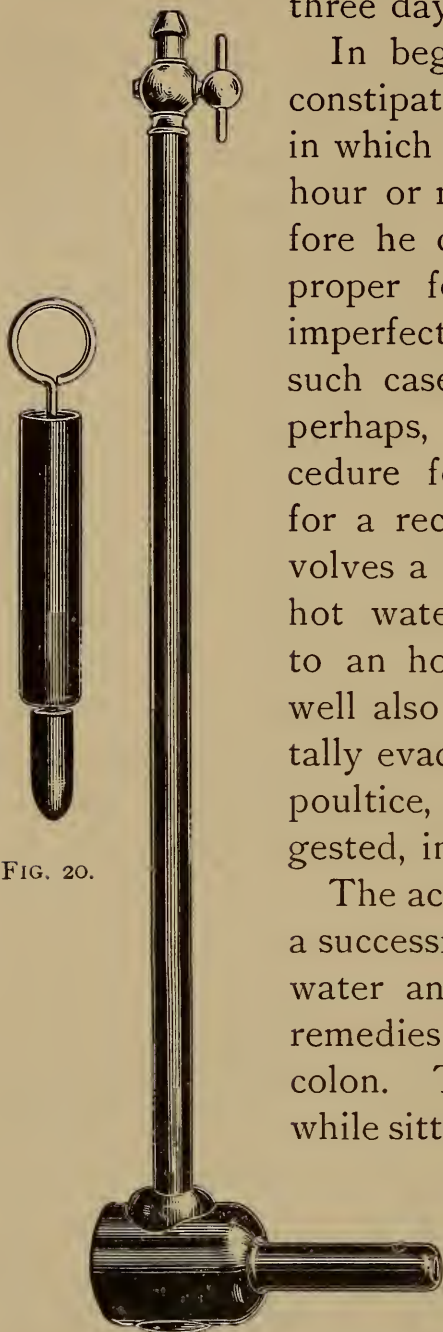


FIG. 20.

(Patented Dec. 31, 1901.)

FIG. 21.

## Hot Water in Proctitis and Colitis

The instrument can be attached to the proper source of hot-water supply by a soft-rubber tube. In the cone-shaped piece of hard rubber is a hard-rubber stop-cock, and by pressing the shut-off at the end of the handle sideways the stop-cock in the cone-shaped anal support is closed to permit the water to enter the rectum through the anal point attached to the cone-shaped external anal supporter.

When sufficient hot water has entered the bowels and has remained a few minutes, by turning back the shut-off at the end of the handle, as may be observed in Fig. 21, the injected water will escape from the rectum. Thus, by the reverse movements sideways and back again, water is permitted to enter the bowels and to return at the will of the operator without annoyance to the anal and rectal tissues.

The hot-water treatment can be accomplished, as a rule, without moving the anal point. Anal points are of two sizes. The large one (Fig. 20) requires a plug to be introduced through its cone-shaped external anal support, to make its introduction into the rectum easy, after which the plug is withdrawn and the hot-water treatment begun.

The bore of the anal points, especially of the large one, cannot readily become clogged by the presence of feces, mucus, or membranous shreds or casts, which are usually brought away by the hot-water treatment. At no time during the process are the points stopped up, the size being



## Intestinal Irrigation

sufficient to insure a proper inflow as well as out-flow. The instrument is easily cleansed.

Fig. 22 illustrates a medicine receptacle, which can be attached to the Recurrent-Douche appli-

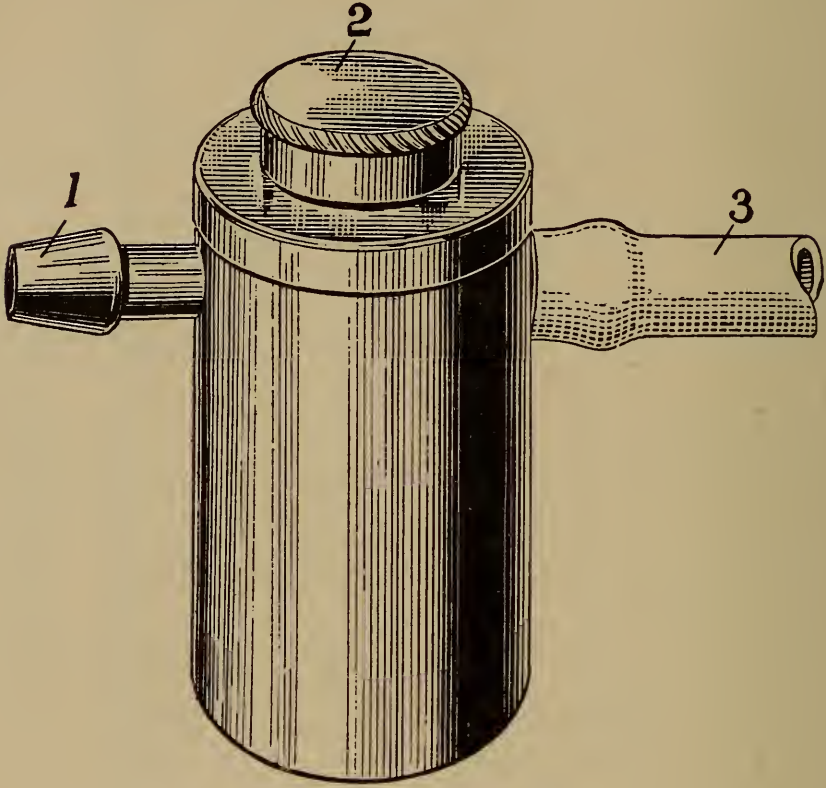


FIG. 22.

1, hot-water connection ; 2, screw cap of medicine tank ; 3, soft-rubber tube, connecting with Recurrent Douche.

ance by soft-rubber connection whenever desired. It is a convenient receptacle for depurant oils, liquids, and powders, which mix with the water and are carried into the inflamed bowels during the hot-water treatment by the Recurrent Douche. We are thus enabled to treat, by double medication as it were, a long-diseased intestine—an intestine

## Hot Water in Proctitis and Colitis

that has been neglected or maltreated through lack of proper diagnosis, or by all sorts of chemical compounds from above : by way of the mouth and stomach.

This Intestinal Recurrent Douche appliance is a unique device, corresponding in that respect to the Internal Fountain Bath. Both these instruments have passed the experimental stage. They have recently received many modifications here and there to adapt them to specific uses. The author and inventor naturally enjoys not a little satisfaction in being able to present to sufferers about as perfect an instrument of either kind as can be desired—one that, in conjunction with other aids, meets all the requirements involved in the proper treatment of proctitis and colitis.

## CHAPTER XIX.

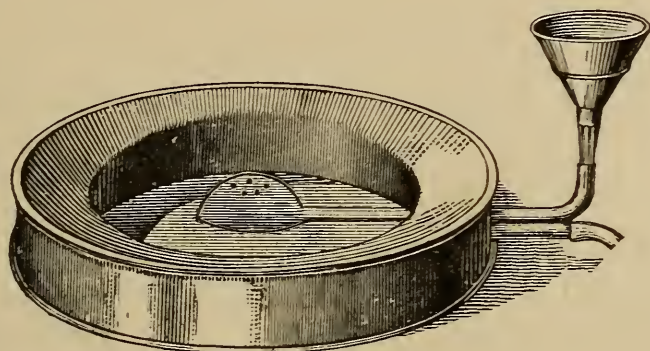
### HOT WATER IN THE TREATMENT OF EXTERNAL SYMPTOMS.

AFTER proctitis has continued for many years it will give rise to painful inflammatory and ulcerative processes at the external anal vent and in the adjoining tissues. The anal mucous membrane and the integument about the anus become brittle, loosened, and detached from the areolar connective tissue by the retention of inflammatory serum. The engorged, indurated, and swollen mucous membrane and integument serve as reservoirs, especially when the chronic inflammation is excited to an acute stage, which stage is often accompanied by a fissure, abscess, or anal ulcer. Soreness and pain in the parts may then be so severe that the sufferer is compelled to stay indoors or in bed. Whatever the symptoms may be—piles, fissure, pruritus, abscess, or fistula—the sufferer desires to reduce the local fever and the acute inflammation, as well as to find relief from the pain. The customary treatment is to use poultices, which are troublesome and ineffective.

In the following illustration I give a good idea of a perfect device for relieving quickly the sore-

## Hot-Water Treatment

ness, pain, acute inflammation, and induration, all of which are so very prostrating; and, situated as they are physiologically, they are exceedingly inconvenient to treat properly by the ordinary methods in use :



(Patented November 8, 1892.)

FIG. 23.

The Sitz-bath pan, though small, is yet of sufficient depth and diameter for all practical purposes, and can be placed wherever is most convenient—on a low chair or a box. The bather should sit on the instrument with the limbs on either side of the funnel through which the hot water enters the pan. Just below the funnel is an overflow tube, under which a vessel should be placed to catch the water as it flows out. While sitting on the pan the elbows may rest on any convenient support, so as not to tire the invalid too much during the bath, which should consume from half an hour to an hour, or longer if agreeable. Hot water may be added every few minutes as the bather finds that the tissues will tolerate it. Depurant powder may also be added to the water in the Sitz-bath pan.



## Intestinal Irrigation

What has been said in a previous chapter on the therapeutic effects of hot water in the treatment of proctitis need not be repeated here.

The three indispensable appliances for combating and effectually overcoming the pathological conditions to which this book and my two previous books—*Intestinal Ills* and *How to Become Strong*—are devoted, are *The Internal Fountain Bath*, *The Intestinal Recurrent Douche*, and *The Shallow Sitz-bath Pan*. These appliances are well-nigh perfect for the uses to which they are adapted.

## CHAPTER XX.

### ANTISEPTIC EMPLOYMENT OF POWDERS AND OILS.

#### DEPURANT POWDER.

**W**ATER at a temperature off from 110 to 125 or more degrees is an excellent antiseptic if properly applied to diseased tissue. Its anti-toxic, soothing, and healing properties, however, can be vastly increased by the addition of Depurant remedies. Water of this temperature, if used in the treatment of proctitis or colitis, should be applied with the aid of an Intestinal Recurrent Douche.

Water at a temperature of from 90 to 105 degrees—which is recommended for taking an enema—is antiseptic or depuratory only to the extent to which it washes away morbid matter from the intestinal canal. To increase its antiseptic and therapeutic value, as well as to meet other requirements, Depurant remedies are administered with the water during the flushing of the large intestine.

The Depurant Powder, prepared by the author, readily dissolves in the warm water and is brought into contact with every part of the mucous membrane as far as the antiseptic flushing extends along the intestine, thus leaving the washed and

## Intestinal Irrigation

sterilized canal sweet and clean — a fit and proper channel and receptacle for the on-coming fecal mass. Here it may remain about four hours without danger of putrefaction, whereas, were the passage-way and receptacle foul, the feces would putrefy and form gases and toxic material in briefer time.

This Depurant remedy is not restricted to intestinal uses ; it is equally efficacious when applied to the mucous membrane of any part of the body or to the skin. It may be used effectively for washing out the bladder or the vagina ; for syringing the ear ; for a mouth wash, tooth wash, gargle, nasal douching or spray ; for a throat spray ; for bathing infants ; and for internal use where foulness of the stomach and small intestines exists. It is also a valuable adjuvant in the use of water for cleansing, or for hygienic purposes, on all the tissues of the body.

### DEPURANT OIL.

Next to the use of water on the mucous membrane and skin as a hygienic and therapeutic agent, I am partial to some of our delightful oils, which are bland, non-irritating, and of a pleasing, nourishing, refreshing effect and exquisite odor.

To the oil selected as the base ingredient may be added other oils, and finally attenuated powdered substances of therapeutic value in soothing, purifying, healing, or any other purpose the case may call for. Pure olive oil is an excellent substance in which to incorporate Depurant remedies, especially when

## Employment of Powders and Oils

designed to be taken internally, by way of the mouth, or applied to the integument of the body. Certain other oils are equally pleasing though rather expensive. However, an inexpensive oil usually serves as a base in which to embody the proper medicinal remedies for Depurant purposes in the treatment of proctitis and colitis.

By a proper instrument the oil is carried into the intestines with the water used in flushing the colon, or that used with the intestinal recurrent douche treatment. The oil, being lighter than the water, is carried ahead or on top as the water passes up the bowels; and, as the two liquids open the crevices and folds of the mucous membrane or canal, every part of the latter is completely covered with the medicated oil, as with a covering of thin salve, ointment, or a poultice—in every nook and corner, just where it is most needed and where it should remain for its hygienic and healing effect.

Every kindly aid should be given a diseased organ, mucous membrane, or the skin, even if one knows it is for relief only; for the very aids that give relief are often essential when joined with medicinal or other treatment in effecting a cure.

It is advantageous in treating bowel troubles to use a rather heavy, tenacious oil for a base—one that may not be so pleasant to swallow or to use externally as some of the lighter oils. It is therefore advisable to have two kinds of Depurant Oil: one for internal use (by the mouth) and for the skin, the other for chronic disease of the lower bowel.



## Intestinal Irrigation

Depurant Oil is also excellent for application to the external ear, the nasal passages, throat, stomach, and bowels, as well as for uterine and vaginal use. It may also be used for massaging the skin, and for scalds, burns, wounds, and ulceration—in fact, in all conditions in which an antiseptic, soothing, nourishing, and protecting effect is essential to the tissues.

# INTESTINAL ILLS

By ALCINOUS B. JAMISON, M.D.

244 pp. Cloth, \$2.00, postpaid

This new volume is a comprehensive work on PROCTITIS (or chronic inflammation of the anus and rectum) and its numerous symptoms, such as chronic constipation, indigestion, biliousness, autogenetic poisons, diarrhea, auto-infection, auto-intoxication, uric acid, emaciation, anemia, toxic neurasthenia, piles, etc.; in a word, self-poisoning of the individual due to undue retention of the feces.

The book is the result of over twenty years' experience in the treatment of Intestinal Ills; it is therefore an eminently practical and valuable work. The author wishes to enlighten both the youth and the adult of either sex in regard to the most common ailment that afflicts mankind.

The importance of this work is further shown by the following summary of the chapters:

- |  |  |
|--|--|
| 1. Man, Composed Almost Wholly of Water, Is Constipated. Why?                | 9. Cures for Constipation "Fearfully and Wonderfully Made."  |
| 2. The Physics of Digestion and Egestion.                                    | 10. Biliousness and Bilious Attacks.   |
| 3. The Interdependence of the Anus, Rectum, Sigmoid Flexure, and Colon.      | 11. King Liver and Bile-bouncers.  |
| 4. Indigestion, Intestinal Gas, and Other Matters.                           | 12. Semi-constipation and Its Dangers.   |
| 5. Key to Auto-infection.  | 13. The Etiology of the Most Common Form of Diarrhea, <i>i. e.</i> , Excessive Intestinal Peristalsis. |
| 6. How Auto-infection Affects the Gastric Digestion, and <i>vice versa</i> . | 14. Ballooning of the Rectum.  |
| 7. How Auto-infection Affects Intestinal Digestion, and <i>vice versa</i> .  | 15. Ballooning of the Rectum ( <i>Continued</i> ).   |
| 8. The Cause of Constipation and How We Ignorantly Treat It.                 | 16. Erroneous Diagnoses and Treatment of Bowel Troubles.   |
|  | 17. Costiveness.   |
|  | 18. Inflammation.  |

- |   |  |
|---|--|
| 19. Proctitis and Piles.                | eases of the Anus and Rectum Very Essential. |
| 20. Pruritus, or Itching of the Anus.   | 26. The Body's Book-keeping.                 |
| 21. Abscess and Fistula.                | 27. Selection and Preparation of Food.       |
| 22. The Origin and Use of the Enema.    | 28. Diet for Indigestion.                    |
| 23. How Often Should an Enema Be Taken. | 29. Diet for Constipation.                   |
| 24. Physiological Irrigation.           | 30. Costiveness, Diet, etc.                  |
| 25. Proper Treatment for Dis-           | 31. Diet for Diarrhea.                       |
|   | 32. A Final Word.                            |

The key-note of the book is PROCTITIS. Hardly a civilized man escapes Proctitis from the day of the diaper to the day of death. The diaper is, in truth, chiefly responsible for Proctitis, and Proctitis is in turn chiefly responsible for chronic constipation, chronic diarrhea, and auto-infection; hence for mal-assimilation, mal-nutrition, emaciation, anemia—for a thousand and one reflex functional derangements of the system.

Millions of human beings are sent to untimely graves through these ailments. Indeed, the body of nearly every human being is a pest-house of absorbed poison, instead of being the worthy temple of a wondrous soul. All this is due to Proctitis.

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*By the same author :*

## How to Become Strong:

Health Obtained; Ill Health Prevented

A book of 64 pages on the Physiology, Anatomy, and Pathology of the Anus and Rectum, together with a description of Rectal and Anal Diseases—their Diagnosis and Treatment without Surgery.

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New York, N. Y.

## COMMENTS OF THE PRESS.

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*Intestinal Ills* is from the pen of a well-known physician who for twenty years has treated intestinal and rectal diseases with a marked degree of success. His subject is handled in a clear and simple manner, making it a work well suited for non-professional readers as well as for physicians. Dr. Jamison's long experience as a specialist has convinced him that neglect of the bowels is the principal cause of a large proportion of the common ailments. The waste matter remaining too long in the system is taken up by the multitudinous rootlets which line the intestinal tract, resulting in auto- or self-poisoning of the system. His recommendations and suggestions are quite simple. He believes in drinking a large amount of water at stated intervals, and also in the frequent use of the enema. On arising and retiring he would have the patient slowly sip half a pint of hot or cold water—preferably hot. One hour before meals a glass of hot or cold water should be taken; and, quite contrary to the teachings of many physicians, he advocates the drinking of copious draughts of water, of a temperature of about 60 degrees, at meal-times. He, however, cautions his patients against washing down the food, which, in common with other authorities, he holds should be slowly chewed and thoroughly masticated, so as to be well mixed with saliva before it is swallowed. Finally, he advises that water be freely taken whenever the system craves it, and if a person does not drink much he should accustom himself to do so. Seventy per cent. of the



## Intestinal Irrigation

human body is made up of water, and Dr. Jamison is persuaded that many persons become prematurely old through failing to take a proper amount of liquid. Besides, the drinking of large amounts of water assists Nature properly to perform the functions necessary to normal health. Full and clear directions are given for cleansing the bowels and for proper diet for patients. Indeed, the work consists of a comprehensive and thoughtful discussion of the intestinal organism, the diseases to which the patient is liable through its disorder, and the treatment that a score of years of practice has convinced him to be the most positive and effective in its results. If dyspeptics and those suffering through auto-poisoning arising from a disordered condition of the intestinal tract should discontinue drugs and faithfully follow the directions given in this book they would doubtless soon experience great and permanent benefit.—B. O. FLOWER, in *The Arena*, New York.

The eighth (enlarged) edition of *How to Become Strong* has just been issued. It is a most interesting and significant production. Emanating from the pen of a medical doctor of recognized standing, it embodies a radical departure from orthodox conclusions. Although this is an age of "specialism," yet a practitioner of medicine who assumes to cure *rectal* diseases without the use of surgery must certainly be regarded as a heretic in old-school circles. The sub-title—"Health Obtained; Ill-health Prevented"—seems fully warranted by the sixteen pages of unsolicited testimonials appended to the book. We suspect that the author is a physician who unconsciously applies the principles of mental science in his practice. In fact, all genuine healing, no matter under what form it is accomplished, is more or less the result of silent mental action. Dr. Jamison's book contains over a hun-

## Comments of the Press

dred illustrations and is beautifully printed.—JOHN EMERY MCLEAN, in *Mind*, New York.

In *Intestinal Ills*, Dr. Jamison, well known as a specialist in intestinal disorders, considers chronic constipation, indigestion, autogenetic poisons, diarrhea, piles, etc., also auto-infection, auto-intoxication, anemia, emaciation, etc., due to proctitis and colitis. In fact, the work is really a treatise on proctitis (inflammation of the intestine) and colitis (inflammation of the colon) and the more common complications of these intestinal inflammations. In calling attention to the prevalence of proctitis and colitis, and in stating so plainly the causes and the disastrous consequences of these conditions, Dr. Jamison has rendered an immense service not only to the laity, for whom the work was prepared, but to the medical profession as well. I do not hesitate to say that I regard this book as one of the most important contributions to medicine since the publication of Ch. Bouchard's great work, *Auto-intoxication*. To all interested in the acquirement or preservation of health a careful study of *Intestinal Ills* is not only advisable but indispensable. To nurses and medical students it will be invaluable. Had I read it in my student days it would have saved me years of groping. The practical doctor will find in it the solution of some of his most difficult problems. It is one of the most valuable books on hygiene that I have ever seen. I predict for it a large sale and a wide influence.—*Health Culture*, New York.

*Intestinal Ills* is a timely book, and one that should command universal attention. It deals with the fundamental cause of nine-tenths of the diseases that afflict the human family, in a comprehensive yet thoroughly lucid manner. It should possess marked interest for both the medical

## Intestinal Irrigation

profession and the laity, and there are but few of the latter who will not realize that the author has struck the key-note of a large proportion of their troubles. Particularly pertinent are the chapters dealing with the danger of auto-infection, from an overloaded intestinal canal, and the necessity of keeping that outlet in a cleanly condition and promoting the elimination of waste material by every means at command. The sooner people realize that a clean intestinal canal is the next thing to a guaranty of good health, the sooner a better condition of health will prevail. It is the bounden duty of the medical profession to pay more attention to this subject than they have done, and it will not be the fault of the author of this work if they are not stimulated to action in the matter. The book contains a number of vital truths, and should be read by all who value their health.—*Health*, New York.

*Intestinal Ills* is a volume of two hundred and forty-four pages devoted to a most important subject. It treats of proctitis and its numerous symptoms, among which may be numbered some of the most common and most distressing complaints. The author is Alcinous B. Jamison, M.D., of this city, whose pamphlet, *How to Become Strong*, has reached a circulation of a hundred thousand copies. *Intestinal Ills* is written for and commended to the lay reader, and, being the result of more than twenty years' experience, the book may confidently be expected to exert a powerful influence for good.—*New York Observer*.

Dr. Jamison, in his able and drastic style, reviews the various ills which befall the human race, and comes to the conclusion that chronic constipation, indigestion, diarrhea, piles, etc., also auto-infection, auto-intoxication, anemia, emaciation, etc., are due to proctitis and colitis.—*The Kneipp Water-Cure Monthly*.

## Comments of the Press

The author, in this little volume, gives his experience in the treatment of intestinal ills. The key-note of the book is proctitis. It contains thirty-two chapters, and in a concise manner covers the whole field in an interesting way. His views may differ from those of his readers, but, even though this be the case, one will certainly admire the way the author expresses himself. His style is delightful, and between the covers of the book the reader will find much that is original and novel. The author's experience extends over a period of twenty years, and this is a sufficient assurance that he knows whereof he speaks.—*Experience*, St. Louis, Mo.

This little book of two hundred and forty-four pages is handsomely made. *Intestinal Ills* deals with a class of disorders hitherto unnoticed and even now receiving but a small part of the attention deserved. The author speaks positively, perhaps to the point of exaggeration at times, but it is a case where exaggeration is justifiable and perhaps necessary. A careful reading of the book will add to the physician's income, and at the same time lessen those distressing ills resulting from imperfect digestion and auto-intoxication.—*The Medical Herald*, St. Joseph, Mo.



## INDIVIDUAL APPRECIATION.

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STUDIO, 58 W. 57TH STREET, NEW YORK,  
April 3, 1901.

DR. JAMISON—

*My Dear Sir:* This morning I received a letter from my father, telling me how well and how comfortable he has been since you treated him. I desire, personally, to thank you for your able care of him and to congratulate you upon possessing a degree of skill that can so alleviate human suffering.

I have read with great interest the book, *Intestinal Ills*, which you gave me, and it seems to me that if the American Tract Society would obtain consent from you to publish the work far and wide among our people, instead of sending alphabetical pocket handkerchiefs to our uneducated, its managers would fill a far more useful sphere. Your book seems to me full of the most useful information, and I am much indebted to you for it. Any one who can alleviate "the ills that flesh is heir to," and so simply, is in reality a benefactor of mankind.

Believe me, with much regard, yours sincerely,  
CARROLL BECKWITH.<sup>1</sup>

---

WAUKESHA, WIS., May 22, 1901.

DR. ALCINOUS B. JAMISON—

*Dear Sir:* I have just finished reading your *Intestinal Ills*, and I must say it is the best work upon the subject I have ever read. There is a large amount of entirely new matter contained in the book, and it is a valuable aid that

<sup>1</sup> One of the most successful and noted portrait artists of New York City.  
—A. B. J.

## Individual Appreciation

should be read by every physician. No medical library is complete without it.

The little book, *How to Become Strong*, is also a fine treatise, and worth far more than it costs.

Yours very truly,

I. J. EALES, M.D., D.O., D.P.<sup>1</sup>

---

NEW YORK CITY, March 9, 1903.

MY DEAR DR. JAMISON:

Of all ills that flesh is heir to, I believe none have ever been so intelligently, and for the general public so lucidly, expounded as the ills of the intestines in your book, entitled *Intestinal Ills*. It is a work peculiarly fitted for every household, inasmuch as I dare state, although as a layman, there is not in the civilized world—and I have no doubt in the heathen world—a single family of which the majority are not afflicted thus; and the ignorance thereof is most deplorable.

Your book will spread a light on these subjects, which it would be well for all students of medicine as well as your professional brethren to hail; and it is so natural to infer how intelligently and conscientiously you have carried on your practice all these years.

For myself, I have kind Providence and your own skillful treatment to be thankful to for health that has never been so good since I was a child; and this statement certainly implies that my intestinal ills date from those happy years. With respect and gratitude, I am yours sincerely,

J. ALFRED MOHLTÉ.<sup>2</sup>

<sup>1</sup> Co-author of a standard anatomical and physiological encyclopedic chart of the human body.—A. B. J.

<sup>2</sup> Mr. Mohlté is widely known through his magnificent portraits and beautiful mural decorations. He assisted the late V. Tojetti, whose exquisite work in mural painting and in the beautiful portraiture of women earned for him a national reputation. Was a pupil, in Paris, of Benjamin Constant and Jean Paul Laurens.—A. B. J.

# Intestinal Irrigation

BOSTON, 87 BROAD STREET, April 18, 1901.

A. B. JAMISON, M.D.—

*My Dear Sir* : I have read *Intestinal Ills* with a degree of satisfaction I seldom experience. I am now firmly impressed with the belief that, if one will religiously live up to the tenets of your doctrine, sickness for him will be reduced to a minimum and he will be blessed with an abundance of health that will greatly prolong his life.

I wish every one might read the work ; it is full of interest from cover to cover—not couched in the language of *Materia Medica*, which would render the meaning difficult, but simple of understanding and lucid.

I feel the added knowledge I possess of myself from the reading of this little book is of inestimable value, and shall take pleasure in recommending it to my friends.

Wishing you the fullest measure of success in your efforts to alleviate human suffering, believe me, very sincerely yours,

CALEB CHASE.

---

DENVER, COLO., March 11, 1903.

MY DEAR DR. JAMISON :

I have read your book, *Intestinal Ills*, with great interest, and am struck with wonderment at your knowledge of the conditions existing in the great intestinal country. Truly you are doing great good in getting at the universal diseases—Proctitis and Colitis—and treating them so sensibly. Your system of cleansing within and without appeals to me strongly, and, as constipation is one of the greatest curses of the age, you should do a grand work. I know that anything put into the stomach *cannot* cure constipation. People must live rationally, eat clean food, exercise, and revel in water internally and externally, in order to keep well ; but if they have been brought up in ignorance, and have become victims of intestinal ills, they

## Individual Appreciation

can be cured by your methods, I know, and after a thorough cleansing live happily ever after.

Yours very truly,

NANNETTE MAGRUDER PRATT.<sup>1</sup>

---

NORFOLK, VA., April 2, 1901.

DR. A. B. JAMISON—

*Dear Sir:* After receiving *Intestinal Ills* and reading every word of it, I am convinced that nine-tenths of the diseases human nature is heir to result from the subject it treats on. It should be read by every one interested in a clean and healthy body; for, without such, life has no joys or pleasures.

Very truly yours,

E. B. DOWNING.

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OBERLIN, OHIO, May 7, 1901.

DR. A. B. JAMISON—

*Dear Sir:* Allow me to express the pleasure and profit I have received from reading your book, *Intestinal Ills*. It seems to me to be a timely, lucid, and valuable presentation of one of the most common and serious difficulties that afflict modern humanity.

While some of the facts to which you have called attention will be doubted by common people, and even by some members of the medical profession, it is evident to my mind that you have dealt with actual and serious conditions, and the public will some day awaken to the truthfulness and importance of the facts you have presented.

Cordially yours,

L. B. SPERRY, A.M., M.D.<sup>2</sup>

<sup>1</sup> A well-known writer and author of a book entitled *The Body Beautiful*.—A. B. J.

<sup>2</sup> A well-known scholar, teacher, physician, lecturer, and author of several valuable books.—A. B. J.



# Intestinal Irrigation

120 BROADWAY, N. Y. CITY, March 12, 1902.

DR. A. B. JAMISON—

*Dear Sir* : I have just finished reading *Intestinal Ills*, which I obtained from you three weeks ago. The orderly arrangement of its subject matter, its lucid and attractive style, its pat and helpful verbal illustrations, and its short, plain, but sufficient definitions of all technical words, make it easily understood from beginning to end, and especially commend it to the lay reader like myself. I am sure that the perusal of this book will disclose a new field of knowledge to most of its readers, which will be full of surprises, and will lead them to adopt the wise suggestions of the author.

Very truly yours,

ROBERT H. DUNCAN.

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WATERTOWN, MASS., July 2, 1901.

MY DEAR DR. JAMISON :

I have read your book on Proctitis and its accompaniments with a great deal of interest. The subject and its treatment by you are of importance to me, as you well know, and I must say I am well pleased with the way you handle it. The book must prove of considerable profit to innumerable sufferers, and you are to be congratulated on being able to present it in so clear a manner.

With best wishes, I remain, yours truly,

HERMAN POOLE, F.C.S.<sup>1</sup>

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WHEELING, W. VA., June 14, 1901.

ALCINOUS B. JAMISON, M.D.—

*Dear Doctor* : *Intestinal Ills* came to hand. It is indeed a most valuable book, and is fully up to my expect.

<sup>1</sup> Member of American Chemical Society, the Chemical Society of London, Society of Chemical Industry, American Society of Mechanical Engineers, and American Gaslight Association.—A. B. J.

## Individual Appreciation

tations. I shall take pleasure in recommending the same to my friends.

Yours truly,

F. H. HANKE.

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DENVER, COLO., April 23, 1901.

ALCINOUS B. JAMISON, M.D.—

*Dear Sir:* I am in receipt of your book, *Intestinal Ills*, and after a careful perusal of the same have no hesitancy in pronouncing it a most excellent and instructive work, which merits an enormous sale both among the laity and the profession. Your review of the subject indicates vast research, wide experience, and correct conclusions derived therefrom, which are far more valuable to the investigator than the guess-work and charlatanism of the past.

Respectfully yours,

ZACH SHED.<sup>1</sup>

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416 VANDERBILT AVENUE, BROOKLYN, May 23, 1901.

MY DEAR DOCTOR:

I am in receipt of your book, entitled *Intestinal Ills*, for which accept my thanks. It treats the subject in an entirely new light, and makes plain the cause of conditions that have heretofore been more or less vague. It would be well if every household possessed it—for instruction upon a subject of which unfortunately very little is known to the majority of us.

Very sincerely yours,

JOHN F. PENTZ.

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NEW YORK CITY, April 20, 1903.

MY DEAR DOCTOR JAMISON:

Many thanks for the book, *Intestinal Ills*, you so kindly sent me, and which I have read with a great deal of

<sup>1</sup> A widely known editor and author.—A. B. J.

## Intestinal Irrigation

pleasure. It is so clear and comprehensive, and so replete with sound, practical *common sense*, that it cannot fail to carry conviction.

Believe me, sincerely,  
DEANE DOSSERT.<sup>1</sup>

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672 BULLITT BLDG., PHILADELPHIA, PA.

ALCINOUS B. JAMISON, M.D.—

*Dear Sir:* Your books, *Intestinal Ills* and *How to Become Strong*, both came duly. There is so much in the former book which corresponds to my daily practice that it gives me great pleasure to thank you for having placed it before sufferers and readers in a clear and comprehensive manner.

*How to Become Strong* is a graphic description, illustrative of the parts, which must commend itself wherever it goes.

I remain yours truly,  
JONES WISTER.

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"THE REMBRANDT,"

152 WEST 57TH STREET, NEW YORK CITY, May 25, 1903.

MY DEAR DOCTOR JAMISON:

Will you kindly send me another dozen copies of your invaluable work, *Intestinal Ills*?

Those previously purchased have been distributed to sufferers in this and other States, and in every instance I have received the grateful thanks of the recipients, to which is added their testimony as to the wonderful results gained by following your instructions.

While living in India I witnessed the method of wash-

<sup>1</sup> Mrs. Frank G. Dossert, the well-known concert soprano and vocal teacher of Carnegie Hall.—A. B. J.

## Individual Appreciation

ing the intestinal canal as practiced by those marvelous men, the Hatha Yogis, who live to such an advanced age that I will not name it lest it seem exaggeration.

This led me to investigate your system, and I consider it a privilege to help humanity by placing your book in the hands of those who need it.

Sincerely yours,

LOUISE KATHARINE HARNETT.<sup>1</sup>

<sup>1</sup> Mrs. Harnett lived six years in India studying with the greatest teachers and is one of the best authorities in this country on the subject of India and the Science of Vibration.—A. B. J.



## WHAT IS SAID OF THE INTERNAL FOUNTAIN BATH.

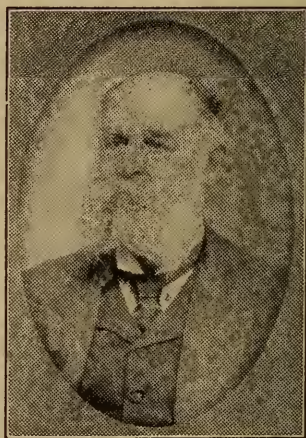
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22 CHAPIN AVENUE, PROVIDENCE, R. I., April 7, 1903.

A. B. JAMISON, M.D.—

*My Dear Sir:* Your Internal Fountain Bath is a pronounced success. Having used several devices for the practice of "physiological irrigation," it gives me great pleasure to say that I find yours the most efficient and convenient of any with which I am acquainted.

I note one special feature, which is of the first importance—one need not change position while using the device. The enema can be taken and followed by defecation as many times as one desires without rising from the sitting posture, and finally the anus can be thoroughly cleansed, after the



enema, by the jet of water from the rectal point. A very complete and satisfactory enema can be given to one lying in bed.

I like the appliance better every time I use it. The introduction of the rectal point is much easier, and more certain every time, than with anything I have ever seen or used. As one seats himself upon the water-filled cushion, the anus is quite naturally open to receive the point, and, as the end of the metal tube bearing the point

## The Internal Fountain Bath

is depressed, the rectal point enters without the least obstruction, avoiding the necessity of twisting or bending the body. You have certainly succeeded most thoroughly, and have given the world a device difficult to excel.

Wishing you great success, I am yours faithfully,

JOHN F. CAULKINS.

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"THE SCHUYLER,"

59 W. 45TH ST., NEW YORK, March 10, 1903.

MY DEAR DR. JAMISON:

I have delayed sending you the "opinion" asked for, concerning your Internal Fountain Bath, in order that I might give it a thorough examination and trial. While having a firm belief in the maxim that "cleanliness is next to godliness," I have always felt that it applied only to external habits—that Nature's purifying fluids and lubricants were all-sufficient for cleansing the inner man and regulating his expulsive processes. Yet I confess that the logic and forceful truths of your remarkable book, *Intestinal Ills*, are responsible for a modification of my views that led me in the first instance to experiment with the enema. Though not consciously a sufferer from any intestinal weakness or disorder calling for treatment, I find my personal comfort and happiness very greatly augmented since my use of your appliance began—a use that has increased in frequency as the delights and benefits of the internal bath were realized. These are undoubtedly cumulative; hence, your invention's chief merit is its utility as a *preventer* of disease. I regard the appliance as an antidote to "civilization"—a device for overcoming the defects in our habits of life that for generations have been thrust upon us by "conventionality" and other forms of tyranny; and I do not hesitate to say to friends who have examined my syringe that the

## Intestinal Irrigation

inventor deserves enrolment among the benefactors of the race.

Sincerely yours,

JOHN EMERY MCLEAN.<sup>1</sup>

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50 BUTLER ST., BROOKLYN, N. Y., April 6, 1903.

A. B. JAMISON, M.D.—

*Dear Doctor:* Owing to a local trouble, I have had to resort to some form of rectal injection twice daily, night and morning, for more than twenty-five years. I have tried about every form of syringe in the market; so, when I say that your Internal Fountain Bath is the most serviceable appliance for intestinal irrigation in existence, you may be sure that I am competent to judge. Without rising from the toilet seat, I take from six to twelve injections, as suggesters, or provokers, relieving the bowels instantly each time by simply moving aside the handle projecting from between the knees. Finally I take a cleanser. The purity and clearness of my complexion and my hale and robust health are subjects of general remark. Had my bowels been neglected all these years, I would have been in my grave long ere this. It is a real pity that so many really needing your appliance do not know of its existence and value.

Truly yours for human welfare,

A. L. LEUBUSCHER, LL.D.

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YONKERS, N. Y., 90 ASH STREET,

April 7, 1903.

DR. A. B. JAMISON—

*Dear Sir:* The Internal Fountain Bath invented by you is all that could be desired. I have tested it and find

<sup>1</sup> Managing editor of *The Arena* and *Mind*, widely circulated monthly magazines published in New York City, and a well-known literary expert.  
—A. B. J.

## The Internal Fountain Bath

it a most comfortable and convenient method of flushing the colon. I have used other methods, but for comfort, convenience, and cleanliness the Internal Fountain Bath has no equal. By its invention you have done much toward settling the question—Shall I take an enema?

Yours respectfully,

WILLIAM J. WEBB.

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CHICAGO, May 19, 1903.

MY DEAR DR. JAMISON:

It gives me pleasure to tell you the merits of your great invention, the Internal Fountain Bath. When I have any tendency to indigestion, or constipation, a good "bath" gives prompt relief. In case of cold or headache, the same means brings a cure. For several weeks I used the device regularly, and took down my girth by three inches, and very greatly improved my general health and spirits, and cleared my brain.

Faithfully and gratefully yours,

E. B. BECKWITH.

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SHARON, MASS., May 28, 1903.

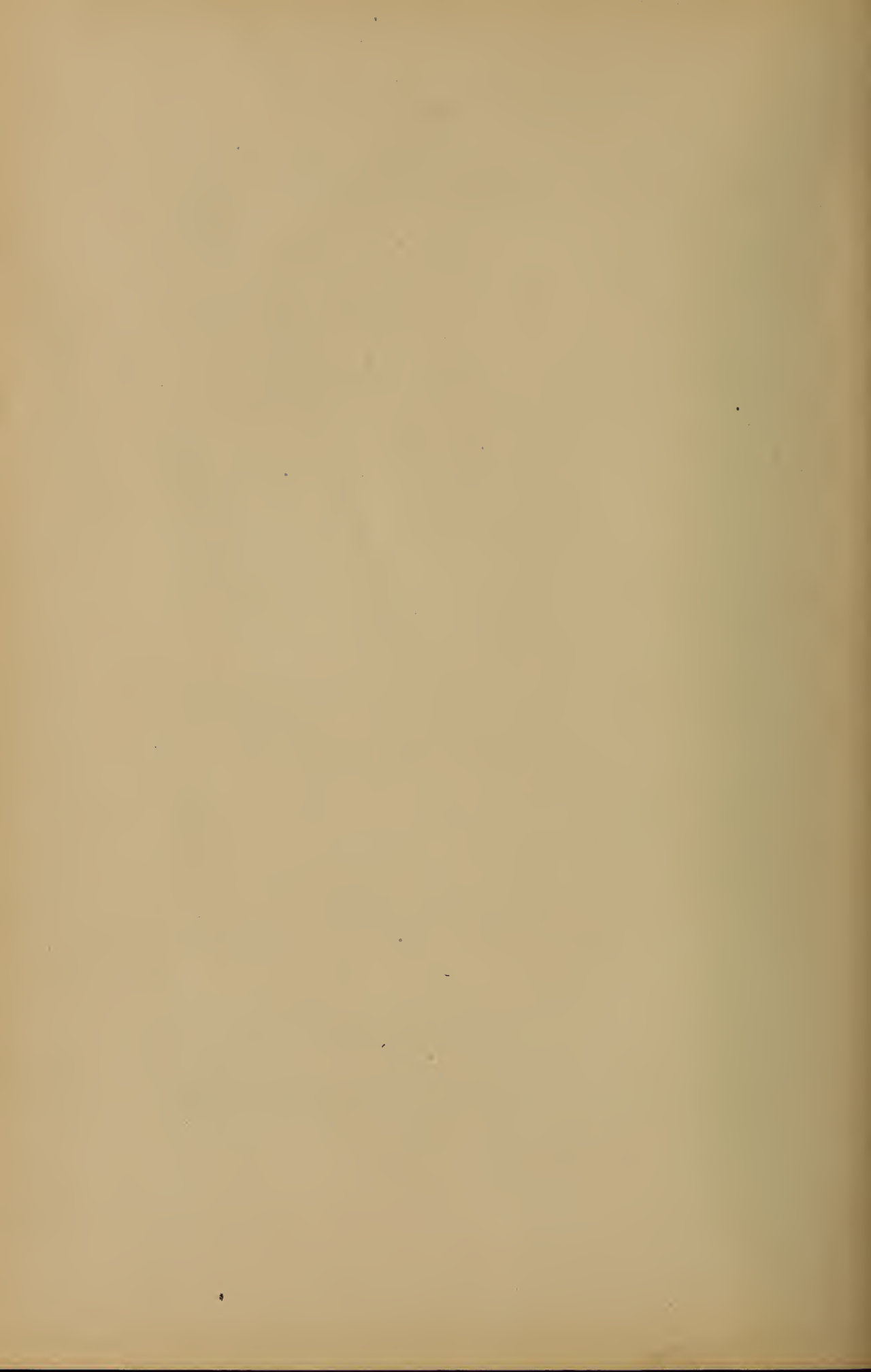
DEAR DR. JAMISON:

Your Internal Fountain Bath is a jewel and "gets there." I shall always be an enthusiastic patient and anxious to urge all similar sufferers to consult you.

I remain very sincerely,

GEO. A. HUNTINGTON.





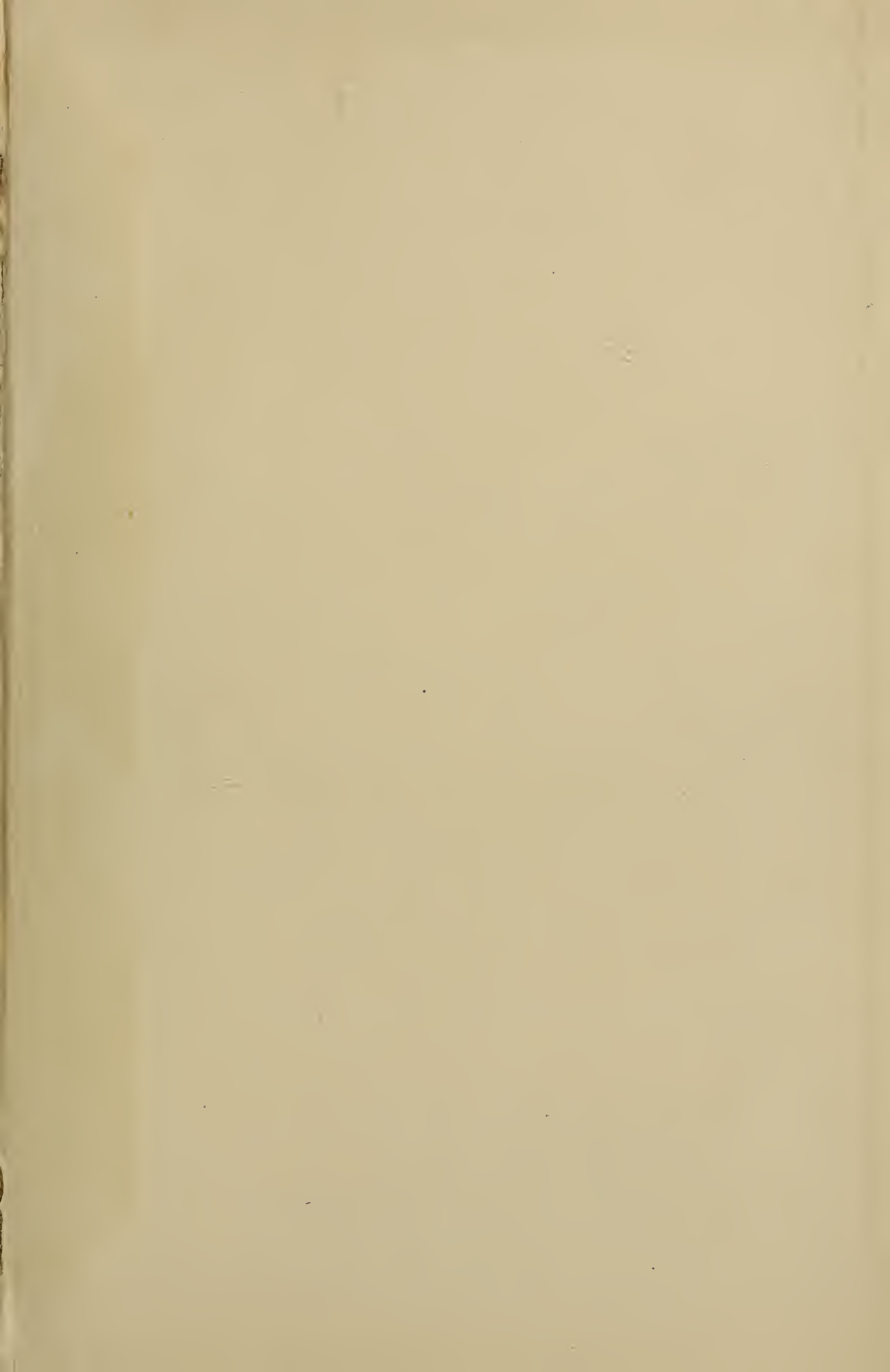




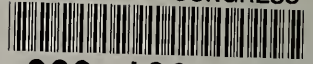








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